RYE

(City)

NY

(State)

10580

(Zip)

## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
hours per response:	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	. ,			Filed								es Exchai npany Act			934					
		Reporting Person		<u>AL</u>		S	TV			ker or Tra	_	Symbol S GRO	<u>)U</u>	P INC		Check all ap	nip of Reporti oplicable) octor		to Issuer % Owner	
(Last) (First) (Middle) ONE CORPORATE CENTER				3. Date of Earliest Transaction (Month/Day/Year) 10/18/2007									Officer (give title Other (specify below) below)							
(Street) RYE	NY		0580		4. If A	Ame	endr	ment	t, Date	of Origina	I File	d (Month/	Day/	Year)		ine) For	or Joint/Grount filed by On miled by Moson	e Reporting	Person	ole
(City)	(Sta		Zip) 	Non-Deriv	ative	<u> </u>	CUI	ritic		nuired	Die	nosed (	of c	or Ben	ofici	ally Own	ued.			
1. Title of S	Security (Inst		<u> </u>	2. Transact Date (Month/Day	tion	2A Ex	A. De ecut any	eeme		3. Transac Code (II	tion	4. Secur Dispose and 5)	ities	Acquire	ed (A)	or 5. Ar Secu Bene Own	nount of rities ficially	6. Ownersh Form: Dire (D) or Indirect (I) (Instr. 4)		irect cial ship
										Code	v	Amount		(A) or (D)	Price	Repo Tran		(111501.4)	(msu.	4)
Common	Stock			10/18/2						S		1,200		D	\$37		243,800	D <sup>(1)</sup>		_
		Та	ble II	- Derivat (e.g., p													t l			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)		ransaction Code (Instr.				6. Date Exercis Expiration Dat (Month/Day/Ye		ite	Ar Se Ur De Se	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	hip of India Benefic O) Owners ect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	,	v	(A)	(D)	Date Exercisa		Expiration Date	Tit	or Nu of	ımber					
		Reporting Person		<u>AL</u>																
(Last) ONE CO	RPORATE	(First) CENTER	(M	liddle)																
(Street)	-	NY	10	0580		_														
(City)		(State)	(Z	ip)																
	nd Address of	Reporting Person	*																	
		(First) STORS, INC CENTER	(M	liddle)																
(Street)																				

1. Name and Addres	s of Reporting Pers	on <sup>*</sup>	
(Last) 140 GREENWIC	(First) H AVENUE	(Middle)	
(Street) GREENWICH	СТ	06830	_
(City)	(State)	(Zip)	

## Explanation of Responses:

1. These securities are owned by GAMCO Investors, Inc. ("GBL"). GGCP, Inc. and Mr. Mario J. Gabelli have less than a 100% interest in GBL and hereby disclaim ownership of these securities in excess of their pecuniary interests.

/s/ James E. McKee Attorneyin-Fact for MARIO J. GABELLI and GGCP, INC. and Secretary for GAMCO INVESTORS, INC.

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.