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

mstruct	ion i(b).			Filed								es Exchan npany Act			934					
		f Reporting Person		<u>AL</u>		S	TΜ			ker or Tra HOLDI		Symbol S GRO	UP	INC		Check all a			ng Person(s)	to Issuer 6 Owner
(Last) ONE CO	(Fir	,	Middle)		-	te	of Ea		Trans	saction (N	onth	/Day/Year))				ficer (give elow)	title	Oth bel	er (specify ow)
(Street)	NY	7 1	0580		4. If A	Αme	endn	nent, I	Date	of Origina	l File	d (Month/D)ay/Ye	ear)		ine) Fo	orm filed b	y One	e Reporting Feethan One F	
(City)	(St	ate) (Z	Zip)																	
4 Title of	Security (Ins		e I - N	lon-Deriv				rities	Acc	quired,	Dis	4. Securit					ned	.	6. Ownershi	p 7. Nature
i. iide oi i	security (ins	u. 3)		Date (Month/Day		Ex if	ecut any	ion Day/\		Transac Code (II 8)		Disposed and 5)				4 Sed Bei Ow	curities neficially ned lowing		Form: Direct (D) or Indirect (I) (Instr. 4)	
										Code	v	Amount	((A) or (D)	Price	e Tra	oorted nsaction(s str. 3 and			
Common	Stock			05/14/2						S		600		D	\$38		1,182,10	00	D ⁽¹⁾	
		Та	ble II	- Derivat (e.g., pu								sed of, onvertib					ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transa Code (I 8)		on tr.	5. Nun of Deriva Securi Acqui (A) or Dispo of (D) (Instr. and 5)	itive ities red sed 3, 4	6. Date E Expiration (Month/I	n Da		Amo Secu Und Deri	itle and bunt of urities erlying vative urity (II d 4)	g	8. Price of Derivati Security (Instr. 5	f derivative erivative Securities ecurity Beneficially		Ownersh Form: Direct (D or Indire (I) (Instr. 4)	Beneficial Ownership
					Code	,	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	mount mber ares					
		f Reporting Person		<u>AL</u>																
(Last) ONE CO	RPORATE	(First) CENTER	(M	iddle)																
(Street)		NY	10)580																
(City)		(State)	(Zi	p)																
	nd Address o	f Reporting Person	*																	
		(First) STORS, INC. CENTER	(M	iddle)																
(Street)																				

1. Name and Addres	s of Reporting Pe	rson*	
(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/ Peter D. Goldstein,
Attorney-In-Fact for MARIO J.
GABELLI, GGCP, INC., and
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.