RYE

(City)

NY

(State)

10580

(Zip)

## FORM 4

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

Washington, D.C. 20549

OMB APPRO	VAL					
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

Instruct	ion 1(b).			Filed								ies Exchar mpany Act	-		1934						
		f Reporting Person		AL		S	ΤV			ker or Tra	_	Symbol	<u>DU</u>	P IN				plicable)	-	Person(s) to I	
(Last)	(Fir	· ·	Middle)	)	-	ate	of E		st Tran	saction (I	Month	n/Day/Year	r)				Offic belo	er (give title w)		Other below)	(specify
(Street)	NY		0580		4. If	Am	end	lmen	t, Date	of Origin	al File	ed (Month/l	Day/	Year)		6. Indiv Line)				iling (Check A	
(City)			<u>Zip)</u>													X	Form Pers		re th	nan One Rep	oorting
		Tabl	e I - I	Non-Deriv	ative	Se	ecu	ıriti	es Ac	quired,	Dis	posed o	of, c	or Ber	nefic	ially	Own	ed			
1. Title of \$	Security (Ins	tr. 3)		2. Transacti Date (Month/Day		Exe if a	ecut any	eeme tion h/Day		3. Transac Code (II 8)		4. Securi Disposed 5)					Secur Benef Owne Follo	ficially ed wing	Fo (D)	Ownership orm: Direct ) or direct (I) nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount		(A) or (D)	Price	e		saction(s) . 3 and 4)			
Common	Stock			11/27/20	007					S		600		D	\$34	.995	1,2	218,400		<b>D</b> <sup>(1)</sup>	
		Та	ble I	l - Derivat e.g., pı)								osed of, convertib					vned	l			
Security or Exerc (Instr. 3) Price of Derivati	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any			Transaction Code (Instr.				Expiration Day/Y		ate	Ar Se Ur De Se	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivati Security (Instr. 5		derivative ve Securities / Beneficially		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code		v	(A)	(D)	Date Exercis	able	Expiration Date	Tit	OI N of	umbei						
		Reporting Person		<u>AL</u>																	
(Last) ONE CO	RPORATE	(First) CENTER	(1)	Middle)																	
(Street)		NY	1	0580		_															
(City)		(State)	(Z	Zip)																	
	nd Address of	f Reporting Person	*																		
		(First) STORS, INC CENTER	(N	Middle)																	
(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.