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   |                   |                             |               |          |                              |                                  |       | ompany Act                       | -   |                                   | 4          |  |   |  |  |
|--|---|--|--------------|---|-------------------|-----------------------------|---------------|----------|------------------------------|----------------------------------|-------|----------------------------------|---|-----------------------------------|------------|--|---|--|--|
|  |   | Reporting Person                           |              | <u>Γ AL</u>                                   |                   | S                           | TV            |          |                              |                                  |       | Symbol<br>GS GRO                 | UP I  | <u>NC</u>                         |            | Relationshi<br>neck all app<br>Direc                   | olicable)   | ng Person(s) to  | Issuer<br>Owner  |
| (Last) ONE CO                                | (Fir<br>RPORATE   | · ·  | Middl        | e)  | -                 | te (                        | of E          |          | rans                         | saction (                        | (Mon  | th/Day/Year)                     |   |                                   |            | Offic<br>belov   | er (give title<br>w)  | Other<br>below   | (specify<br>r)   |
| (Street)  RYE NY 10580  (City) (State) (Zip) |   |  | 0            | 4. If <i>F</i>                                | Amendment, Date   |                             |               |          | e of Original Filed (Month/E |                                  |       | Day/Year)                        |   | 6. I                              | e)<br>Form | n filed by One   | p Filing (Check<br>e Reporting Per<br>e than One Re   | son  |  |
| (=:5)  |   |  |              | · Non-Deriv                                   | ative :           | Se                          | ·CIII         | rities / | 7 C C                        | nuired                           | Di    | snosed of                        | f or l  | Renefi                            | <br>icia   | Ilv Own  | ed  |  |  |
| 1. Title of                                  | Security (Ins   |  |              | 2. Transactic<br>Date<br>(Month/Day/          | on 2.<br>Year) if | A. I                        | Deei<br>cutio |          | 3                            | 3.<br>Fransact<br>Code (In<br>3) | tion  | 4. Securitie<br>Disposed C<br>5) | s Acqu  | ired (A                           | ) or       | 5. Am<br>Secur<br>Benet<br>Owne                        | nount of<br>rities<br>ficially<br>ed<br>wing  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |   |  |              |   |                   |                             |               |          | ,                            | Code                             | v     | Amount                           | (A) o<br>(D)  | Pric                              | e          |  | rted<br>saction(s)<br>. 3 and 4)  |  |  |
| Common                                       | Stock   |  |              | 08/25/20                                      | 08                |                             |               |          |                              | S                                |       | 2,300                            | D   | \$49                              | 9.11       | 17 1,1   | 106,500   | D <sup>(1)</sup>   |  |
|  |   | Та   | ble          | II - Derivat                                  |                   |                             |               |          |                              |                                  |       | osed of, o                       |   |                                   |            | / Owned  |   |  |  |
|  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Exe<br>if ar | Deemed<br>cution Date,<br>ny<br>nth/Day/Year) |                   | Transaction<br>Code (Instr. |               |          |                              | Expiration (Month/Days           |       | Date                             | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                                   |            | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |              |   | Code              | ,                           | v             | (A) (D   | )                            | Date<br>Exercis                  | sable | Expiration<br>Date               | Title   | Amou<br>or<br>Numb<br>of<br>Share | er         |  |   |  |  |
|  |   | f Reporting Person<br>STORS, INC           |              | <u>Γ AL</u>                                   |                   |                             |               |          |                              |                                  |       |                                  |   |                                   |            |  |   |  |  |
| (Last)                                       | RPORATE   | (First) CENTER                             |              | (Middle)                                      |                   | -                           |               |          |                              |                                  |       |                                  |   |                                   |            |  |   |  |  |
| (Street)                                     |   | NY   |              | 10580   |                   |                             |               |          |                              |                                  |       |                                  |   |                                   |            |  |   |  |  |
| (City)                                       |   | (State)                                    |              | (Zip)   |                   |                             |               |          |                              |                                  |       |                                  |   |                                   |            |  |   |  |  |
|  | nd Address of   | f Reporting Person                         | *            |   |                   |                             |               |          |                              |                                  |       |                                  |   |                                   |            |  |   |  |  |
|  |   | (First)<br>STORS, INC<br>CENTER            |              | (Middle)                                      |                   |                             |               |          |                              |                                  |       |                                  |   |                                   |            |  |   |  |  |
| (Street)                                     |   |  |              |   |                   | -                           |               |          |                              |                                  |       |                                  |   |                                   |            |  |   |  |  |

| 1. Name and Address of Reporting Person*  GGCP, INC. |                     |          |   |  |  |  |  |  |
|--|---------------------|----------|---|--|--|--|--|--|
| (Last)<br>140 GREENWIC                               | (First)<br>H AVENUE | (Middle) |   |  |  |  |  |  |
| (Street)<br>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.

- $^{\star}$  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.