FORM 4

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

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burd	len					
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 pursuant to Section 16(a) of the Securities Exchange Act of 1934

				1 1100								pany Act of		001						
	LLI ASSE	Reporting Person		NT INC		S	TWC		ker or Ti	-		ymbol GROU	P INC			all app			X 10% C	Owner
<u> </u>					Date of Earliest Transaction (Month/Day/Year)							$\dashv$		Offic belo	er (give title w)		Other below	(specify )		
(Last)	(Fir	st) (ľ	Middle)		_		/2004													
	LI FUNDS	CENTED			4. If a	Am	nendme	nt, Date	of Origir	nal File	ed	(Month/Day	/Year)		. Indivi	idual d	or Joint/Grou	p Fili	ng (Check i	Applicable
	RPORATE	CENTER															n filed by One			
(Street)															X	Pers	n filed by Moi on	e tha	an One Rep	porting
RYE	NY	1	0580																	
(City)	(Sta	ate) (Z	Zip)																	
		Tabl	e I - N	lon-Deriv	ative	Se	ecurit	es Ac	quired	, Dis	sp	osed of,	or Ben	efici	ally (	Own	ed			
1. Title of	Security (Inst	tr. 3)		2. Transact Date (Month/Day		E:	A. Deem xecution any Month/D		3. Transa Code 8)		1	4. Securities Disposed O and 5)			4	Secur	ficially d	For (D) Indi	Ownership m: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v		Amount	(A) or (D)	Price		Repor		(1113	,u. +)	(111301. 4)
Common	Stock			02/26/2	004	Г			P	$\top$	T	2,000	A	\$17	7.25	6′	73,650		D	
		Та	ble II	- Derivat				•		•		ed of, or			•	vned				
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 ( 8)		on of De Se Ac (A) Dis of (In	Number rivative curities quired or sposed (D) str. 3, 4	6. Date Expira (Month	tion D	ate	e A ar) So U D	Title an mount o ecurities nderlyin erivative ecurity (I and 4)	f g	8. Pr of Deriv Secu (Inst	vative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,    -  -	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code		V (A)	(D)	Date Exercis	sable		xpiration ate Ti	or Nu of	ımber						
		Reporting Person		NT INC	<u>ET</u>															
(Last)		(First)	(M	liddle)																
	LI FUNDS																			
ONE CO	RPORATE	CENTER																		
(Street)																				
RYE		NY	10	0580																
(City)	ı	(State)	(Zi	ip)		_														

	Address of Reporting Per	rson*						
(Last)	(First)	(Middle)						
C/O GABELLI ASSET MANAGEMENT INC								
ONE CORPORATE CENTER								
(Street)								
RYE	NY	10580						
(City)	(State)	(Zip)						
	Address of Reporting Per	TAL PARTNERS						
(Last)	(First)	(Middle)						
(Street)								
(City)	(State)	(Zip)						

**Explanation of Responses:** 

/s/ James E. McKee, Attorneyin-Fact for MARIO J. GABELLI and Secretary of GABELLI ASSET MANAGEMENT INC. AND **GABELLI GROUP CAPITAL** PARTNERS, INC.

02/27/2004

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).