#### Edgar Filing: Sorkin Michael - Form 4

Sorkin Michael Form 4	l												
August 24, 201	0												
FORM	4 UNITED	) STATES				ND EXC D.C. 205		IGE C	COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287		
Check this box Januar							0						
(Print or Type Resp	ponses)												
Sorkin Michael Symbol				r Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)         (First)         (Middle)         3. Date of (Month/Date)           C/O 315 PARK AVENUE SOUTH         06/21/200			-					X Director Officer (give below)		Owner er (specify			
				ndment, Date Original th/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORK,	NY 10010									Iore than One Re			
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative Se	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
	. Transaction Da Month/Day/Yea	r) Executio any	med n Date, if Day/Year)	3. Transa Code (Instr.		4. Securiti n(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common 0 Shares 0	6/21/2010			G	V	36,000 (1)	D	<u>(2)</u>	0	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

**Reporting Owner Name / Address** 

Relationships

Х

Director 10% Owner Officer Other

Sorkin Michael C/O 315 PARK AVENUE SOUTH NEW YORK, NY 10010

# Signatures

/s/ Michael	
Sorkin	08/23/2010
<u>**</u> Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* 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).
- (1) Includes 12,000 shares owned by Reporting Persons wife, as to which Reporting Person disclaims beneficial ownership.
- (2) Not applicable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.