FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	OVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or S	Section	on 30(h)	of the	Inve	estmen	t Con	npany Act	of 194	10							
	nd Address o	f Reporting Person *					Name a					Symbol NC [JC	OUT]				p of Reportin blicable) ctor		erson(s) to Is	
(Last) 500 PAR	(F K AVENU	,	Middle)			ate o		st Trans	sact	tion (Mo	onth/[Day/Year)					Offic below	er (give title w)		Other (below)	(specify
(Street) NEW YO			10022 Zip)		4. If	Ame	ndment	, Date (of C)riginal	Filed	(Month/Da	ay/Yea	ar)		i. Indiv ine) X	Forn	r Joint/Group n filed by Ond n filed by Mod on	e Re	porting Pers	on
		Tab	e I - Noi	n-Deriv	ative	Se	curitie	s Ac	qu	iired,	Dis	osed o	f, or	Ben	efici	ally	Own	ed			
1. Title of S	Security (Ins	tr. 3)		2. Transa Date (Month/E		ar) li	2A. Deen Executio f any (Month/D	n Date,	·	3. Transa Code (I 8)							Securi Benefi Owner	cially I Following	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	unt (A) or Pri		Price	e	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class A C	Common St	ock		07/02	2/2008	3				P		3,861		A	\$1	5.4	8	854,442		D	
		Ta	ıble II - I (sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (I 8)		of Deriv	r osed) r. 3, 4	Ex	Date Ex xpiration Month/Da	n Date		Amo Seci Und Deri	tle and ount of irities erlying vative irity (In 4)	str. 3	Deri	rice of vative urity tr. 5)	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)		ate xercisal		Expiration Date	Title	or Nur of	ount mber ares						
	nd Address o	f Reporting Person*		,	,		·				,			,							
(Last)	K AVENU	(First)	(Midd	dle)																	

TISCH DANIE	of Reporting Person* LR	
(Last)	(First)	(Middle)
500 PARK AVENU	JE	
(Street)		
NEW YORK	NY	10022
(City)	(State)	(Zip)
1. Name and Address of		
TOWERVIEW		
		(Middle)
TOWERVIEW	(First)	(Middle)
TOWERVIEW (Last)	(First)	(Middle)
(Last) 500 PARK AVENU	(First) JE	(Middle)

Explanation of Responses:

Remarks:

1. In addition to TowerView LLC, this Form 4 is being jointly filed by Daniel R. Tisch who is General Member of, and has the same business address as, TowerView LLC and may be deemed to have a pecuniary interst in securities owned by it.

> Daniel R. Tisch 07/02/2008 Daniel R. Tisch 07/02/2008 Date

** Signature of Reporting Person

** 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.