FORM 4

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

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burd	en					
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

				ou p				,	,		Company Ac	-								
l		f Reporting Person	MENT IN	<u>C</u>		<u>/L</u>					ing Symbol	ГСО	<u>/DE</u>		Relationsh neck all app Direct	olicable)	orting F		) to Is	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/04/2003									Officer (give title Other (specify below) below)						specify
GABELLI FUNDS ONE CORPORATE CENTER					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person							
(Street) RYE NY 10580					X Form filed by More than One Reporting Person											orting				
(City)	(St	ate) (Z	Zip)																	
		Tabl	e I - Non-De	riva	tive S	Sec	urities	s A	cquire	d, C	Disposed (	of, or	Benefi	icia	lly Own	ed				
1. Title of	Security (Ins	tr. 3)	2. Transacti Date (Month/Day		·) if an	cutio y	med on Date, Day/Yea	;	3. Transac Code (Ir 8)		4. Securities Disposed O 5)				5. Amour Securities Beneficia Owned Following	s Ily			Indi Ben Owr	ature of rect eficial nership tr. 4)
								,	Code	v	Amount	(A) or (D)	Price		Reported Transacti (Instr. 3 a	on(s)	(mstr.	4)	(ilis	ur. 4)
Common	Stock		11/04/20	003					S		1,000	D	\$27.4	184	0			I	By: Sub	: osidiary <sup>(1)</sup>
		Та	ble II - Deriv (e.g.,								sposed of, , converti				Owned					
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/Yes	,   1	1. Fransac Code (Ir 3)			ative	Expi e (Mon	ratior	ercisable and n Date ay/Year)	Amo Secu Und Deri	tle and unt of rities erlying vative rity (Inst		8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ve ies ially ng ed ction(s)	10. Owners Form: Direct ( or India (I) (Inst 4)	hip (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exer	cisab	Expiration le Date	1 Title	Amou or Numb of Share	er						
ı		f Reporting Person <sup>*</sup>	MENT IN	C E	<u>.T</u>															
	LI FUNDS RPORATE	(First) CENTER	(Middle)																	
(Street)		NY	10580																	
(City)		(State)	(Zip)																	

	Address of Reporting Per	rson*						
(Last)	(First)	(Middle)						
C/O GABELLI ASSET MANAGEMENT INC								
ONE CORPORATE CENTER								
(Street)								
RYE	NY	10580						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  GABELLI GROUP CAPITAL PARTNERS  INC								
(Last)	(First)	(Middle)						
(Street)								
(City)	(State)	(Zip)						

## Explanation of Responses:

1. The Reporting Persons have less that a 100% interest in this entity. The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity, which is greater than the Reporting Persons' indirect pecuniary interest. The Reporting Persons hereby disclaim beneficial ownership of these securities in excess of their indirect pecuniary interests.

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