| FORM | 4 |
|------|---|
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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). |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response ..

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses) | | | | | | | | | | | |
|---|-----|--|--|---|-------------|--|---|--|--|--|-------------------------|
| 1. Name and Address of Reporting Person [*] DENTON ROBERT L | | | 2. Issuer Name and CORPORATE C [OFC] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | |
| ^(Last) (Firs 9 WEST 57TH STREET, | · · | 10 | 3. Date of Earliest Tr 05/18/2006 | ransaction (N | Montł | n/Day/Yea | ır) | | | | |
| (Stre NEW YORK, NY 10019 | 4 | 4. If Amendment, Da | ate Original | Filed | (Month/Day/ | Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (Sta | te) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, if | 3. Transact Code (Instr. 8) Code | | 4. Securi (A) or Di (Instr. 3, Amount | (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |

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 SEC 1474 (9-02) 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) | | | | | | | | | | | | | | |
|-----------------------------------|--|--------------------------|---|------|----------|---|--|-------------|--------------------|-----------------------------------|--|--|--|------------|--|
| Derivative | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | ion) | of Derivat Securiti Acquire (A) or Dispose of (D) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, | | | | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial | |
| | | | | Code | v | (A) | | Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Options of Common Shares | \$ 38.61 | 05/18/2006 | | А | | 5,000 | | 05/18/2007 | 05/18/2016 | Options of Common Shares | 5,000 | \$ 38.61 | 10,000 | D | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| DENTON ROBERT L 9 WEST 57TH STREET, SUITE 1670 NEW YORK, NY 10019 | Х | | | | | | | |

Signatures

Karen M. Singer, by Power of Attorney 05/19/2006 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).

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.