FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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 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 Typ | e Responses |) | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--|---|---|------|----------------------------|--|-------|--------------------------|-----------------|--|---------------|--|---------------|---|---|-----------------------------|--|---|--|--|
| | d Address of CLAY W | Reporting Person* | | | OR | ame and | | | | | | ΓRUST | | _x_ | lationship o Director Officer (give tit | (Check | | | w) | | |
| 424 MUL | BERRY L | (First) ANE | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2006 | | | | | | | | | | | | | | | | | |
| | | (Street) | | 4. If An | nend | ment, Da | ate Ori | ginal | l Filed(1 | Month/ | Day/Ye | ar) | | _X_ Fo | rm filed by On | e Reporting Pe | | pplicable Line | e) | | |
| | HAVERFORD, PA 19041 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | |
| (City | ·) | (State) | (Zip) | | | | Tabl | e I - | Non-D | eriva | tive S | Securities | s Acqui | red, I | Disposed of | , or Benefic | cially Owned | l | | | |
| 1.Title of Se (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Year |) any | tion | ed Date, if ny/Year) | | | nsaction 8) | | 4. Securities or Disposed (Instr. 3, 4 a | | red (A) | Own Trans | | curities Ber ng Reported | • | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Со | de | V | Am | ount | (A) or (D) | Price | | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | | |
| Common | Shares | | 08/07/2006 | 08/07 | 7/20 | 06 | Ν | 1 | | 112 | ,500 | Δ | \$ 7.625 | 122, | ,500 | | | D | | | |
| Common | Shares | | 08/07/2006 | 08/07 | 7/20 | 06 | S | | | 112 | ,500 | | \$ 47.2 | 10,0 | 000 | | | D | | | |
| Common Shares | | | 08/08/2006 | 08/08 | 3/20 | 06 | Ν | 1 | | 112 | ,500 | Δ | \$ 7.625 | 122, | ,500 |) | | D | | | |
| Common | Shares | | 08/08/2006 | 08/08 | 3/20 | 006 | S | | | 112 | ,500 | | \$ 46.95 | 10,0 | 000 | | | D | | | |
| Reminder: F | Report on a se | eparate line for each | class of securities be | | | | - | | Perso this f curre | orm | are n valid | | ired to ontrol | resp numl | ond unles per. | | n contained n displays a | | 2 1474 (9-02) | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code | tion | 5. Numl | ber of ive es ed (A) osed of | 6. Ex | | xercis n Dat | | | 7. Title of Und Securit | le and Amount | | 8. Price of Derivative Security (Instr. 5) | | Owner Form of Deriva Securit Direct or India (s) (I) | Ownersh (y: (Instr. 4) | | |
| | | | | Code | V | (A) | (D) | | ite ercisab | ole | Expir Date | ation | Title | | Amount or Number of Shares | | (Instr. 4) | (Instr. | 4) | | |
| Options of Common Shares | \$ 7.625 | 08/07/2006 | 08/07/2006 | M | | 112,50 | 00 | 01 | /03/2 | 001 | 01/0 | 3/2010 | Comi Shai | | 112,500 | \$ 7.625 | 322,500 | D | | | |
| Options of Common Shares | \$ 7.625 | 08/08/2006 | 08/08/2006 | M | | 112,50 | 00 | 01 | /03/2 | 001 | 01/0 | 3/2010 | Comi Shai | | 112,500 | \$ 7.625 | 210,000 | D | | | |

Reporting Owners

| D 41 0 W 4 | | Relationsl | nips | |
|---|----------|--------------|---------|-------|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other |
| HAMLIN CLAY W III 424 MULBERRY LANE HAVERFORD, PA 19041 | X | | | |

Signatures

| Karen N | M. Singer, by Power of Attorney | 08/09/2006 |
|---------|---------------------------------|------------|
| , | **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.