FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT	OF CHANGE	S IN BENEFIC	IAL OWNERSHIP

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average bur	den
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).

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

	nd Address of BRUCE	Reporting Person*							icker or Trad X GROU			NDA	Q]		Relationship neck all appl Direct	icable) or	g Per	10% O	wner
(Last) ONE LII	(F BERTY PL	irst) AZA	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2009									below	Officer (give title below) Cother (s below) Executive Vice President			pecify
(Street) NEW YORK NY 10006			4. If										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)												F 6130	"			
Date			2. Trans Date			2A. Deemed Execution Date, if any (Month/Day/Year)		te, 3. Transac	3. 4. Security Disposition Code (Instr. 5)		of, or Benefic urities Acquired (A) sed Of (D) (Instr. 3, 4		(A) or	5. Amor Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
C			-l	06/30/2009		0				v	Amoun	(D)		Price	Transaction(s) (Instr. 3 and 4)				(1130.4)
Common	Stock, par	value \$0.01 per							A D	ione	50,00		A	\$0 		,222 ⁽²⁾		D	
									quired, D ts, option						Owned				
Derivative Conversion Date Security or Exercise (Month/Day/Year)		3A. Deemed Execution I if any (Month/Day	ate, Tra	Transa Code (I	ransaction ode (Instr.		of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)		e O S F Illy D O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	or Nu	nount mber Shares					
Employee Stock Option (Right to Buy)	\$7.35								(3)	11/	15/2014	Comm		0,000		200,00	00	D	
Employee Stock Option (Right to Buy)	\$9.15								(4)	02/	18/2014	Comm		0,000		90,00	0	D	
Employee Stock Option (Right to Buy)	\$25.07								(5)	12/	17/2018	Comm		5,528		45,52	8	D	
Employee Stock Option (Right to Buy)	\$35.92								(6)	12/	13/2016	Comm		2,558		32,55	8	D	
Employee Stock Option (Right to	\$45.38								(7)	12/	12/2017	Comm		2,564		22,56	4	D	

Explanation of Responses:

- 1. Restricted stock vests as to 30% on June 30, 2011 and as to 70% on June 30, 2012.
- 2. Represents (i) 7,000 shares of common stock acquired upon exercise of vested stock options, (ii) 60,870 unvested shares or units of restricted stock, (iii) 12,396 unvested shares underlying PSUs and (iv) 1,956 shares purchased under the Employee Stock Purchase Plan.
- 3. Options vested as to 100%.
- 4. Options vested as to 100%.
- 5. Options exercisable on December 17, 2012, subject to accelerated vesting on December 17, 2011, or extension of vesting until December 17, 2013, depending on the achievement of performance goals.
- 6. Options exercisable as to 50% on December 13, 2009 and as to 50% on December 13, 2010.
- 7. Options exercisable on December 12, 2010.

/s/ Edward S. Knight, by power of attorney

07/02/2009

** Signature of Reporting Person

Date

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

- * 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.