FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
STATEMENT OF CHANGES IN BENEFICI	AL OWNERSHIP

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).

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

					or S	Secti	on 30(h)) of the	Investmer	it Con	npany Act	of 1940)							
1. Name and Address of Reporting Person* TOWERVIEW LLC									ker or Trad JNICA		Symbol NS INC	<u>C</u> [so	GA]		5. Relationship of Reportir (Check all applicable) Director			ng Person(s) to Is X 10% C		
(Last) (First) (Middle) 460 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 06/17/2016									Officer (give title below)				Other below)	(specify
(Street) NEW YORK NY 10022 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)			2. Transa Date (Month/D		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.					and Securi Benefi		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(<i>A</i>	() or ()	Price	Trans		action(s) 3 and 4)			(111501.4)
Class A Common Stock 06				06/17	//2016				S		499		D	\$4	46	1,3	809,000		D	
Class A Common Stock 06/				06/17	//2016	2016		S		500		D	\$40	6.1	1,308,500		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) Execution Date,		Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		•	Amou Secur Unde Derive Secur	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber						
1. Name and Address of Reporting Person* TOWERVIEW LLC																				
(Last)		(First)	(Midd	dle)		_														

TOWERVIEW LLC								
(Last)	(First)	(Middle)						
460 PARK AVENUE								
(Street)								
NEW YORK	NY	10022						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*								
TISCH DANIEL R								
(Last)	(First)	(Middle)						
460 PARK AVENUE								
(Street)								
NEW YORK	NY	10022						
(City)	(State)	(Zip)						

Explanation of Responses:

Daniel R. Tisch Daniel R. Tisch 06/20/2016 06/20/2016

** 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.