### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGI</b>	ES IN BEN	EFICIAL (	<b>DWNERSH</b>	HР

OMB APP	ROVAL
OMB Number:	3235-028

37 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

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	d Address of	Reporting Person*							er or Trad NICA		Symbol NS INC	<u> </u>	GA]		Relationshi neck all app Direc	,	ig Per	( )	
(Last) 500 PAR	(FI K AVENU:	,	Middle)				of Earlie: 2010	st Trans	action (M	onth/I	Day/Year)					er (give title	Α		(specify
(Street)  NEW YC  (City)			10022 (Zip)		4. If	f Ame	endment	t, Date o	f Original	Filed	(Month/Da	ay/Year	)	6. Lin	ie) Forn	r Joint/Group n filed by Ond n filed by Mod on	e Rep	orting Pers	on
		Tabl	le I - Noi	n-Deriva	ative	e Se	curitie	es Acc	quired,	Dis	posed o	f, or I	Bene	ficia	lly Own	ed			
Date			2. Transa Date (Month/D		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.						d Securi Benefi	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or )	Price	Transa	action(s) 3 and 4)			(Instr. 4)
Class A C	ommon St	ock		07/19	/2010	0			P		200		A	\$22.	.2 62	26,500		D	
		Та									sed of, onvertib				Owned		,		
Title of Derivative Security		Date, Transaction Code (Inst			on of		6. Date Exercisa Expiration Date (Month/Day/Yea		9	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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership form: Direct (D) r Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					
	d Address of	Reporting Person*																	

TOWERVIEW	f Reporting Person*  LLC	
(Last)	(First)	(Middle)
500 PARK AVENU	ΙΕ	
(Street)		
NEW YORK	NY	10022
(City)	(State)	(Zip)
1. Name and Address of TISCH DANIE	· -	
(Last)	(First)	(Middle)
(Last) 500 PARK AVENU	,	(Middle)
	,	(Middle)
500 PARK AVENU	,	(Middle)

### Explanation of Responses:

## Remarks:

1. In addition to TowerView LLC, this Form 4 is being jointly filed by Daniel R. Tisch, who is General Member of, and has the same business address as, TowerView LLC and may be deemed to have a pecuniary interest in securities owned by it.

> Daniel R. Tisch 07/19/2010 Daniel R. Tisch 07/19/2010 Date

\*\* Signature of Reporting Person

\*\* 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.