FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington, D.C. 20

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

Instruct	ion 1(b).			File							es Exchan npany Act			34			[[-	
	d Address of RVIEW I	Reporting Person*							er or Tra		Symbol NS INC	<u>_</u> [so	GA]				licable)	g Person(s) to Is	
(Last) 460 PAR	(Fi K AVENUI	,	Middle)			oate o' 16/2		st Trans	action (M	lonth/l	Day/Year)					Office below	er (give title v)	Other below)	(specify
(Street) NEW YC			10022 Zip)		4. If	Ame	ndment	, Date o	of Original	l Filed	(Month/Da	ay/Year)		Indivi ne) X	Form	filed by One	Filing (Check A Reporting Pers e than One Rep	on
	<u> </u>			n-Deriv	ative	Sec	curitie	s Acc	guired.	Dis	posed o	f. or	Ben	eficia	ally (Owne	ed		
1. Title of S	ecurity (Inst			2. Transa Date (Month/I	action	2 Ear) if	A. Deem xecution any Month/D	ned n Date,	3. Transa Code (action	4. Securit	ies Acc	uired	l (A) or	nd	5. Amo Securi Benefi Owned	ount of ties 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	- 1		ction(s) 3 and 4)		(Instr. 4)
Class A C	ommon Sto	ock		12/16	5/2016	5			S		1,351		D	\$50	0.1	1,2	65,000	D	
Class A C	ommon Sto	ock		12/16	5/2016	5			S		1,000		D	\$50).2	1,2	64,000	D	
Class A C	ommon Sto	ock		12/16	5/2016	5			S		980		D	\$50	0.3	1,2	63,020	D	
Class A C	ommon Sto	ock		12/16	5/2016	5			S		20		D	\$50	.35	1,2	63,000	D	
Class A C	ommon Sto	ock		12/16	5/201 6	5			S		929		D	\$50).4	1,2	62,071	D	
Class A C	ommon Sto	ock		12/16	5/201 6	5			S		71		D	\$50	.45	1,2	62,000	D	
Class A C	ommon Sto	ock		12/16	5/2016	5			S		1,000		D	\$50).5	1,2	61,000	D	
		Та									sed of, onvertib				y Ov	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	ed n Date,	4. Transa Code (8)	action	5. Nu	mber rative rities ired r osed)	6. Date E Expiratio (Month/D	xercis	able and	7. Title Amou Secur Under Derive Secur and 4	e and int of ities rlying ative ity (In		8. Pri Deriv Secu (Instr	rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	nount mber ares					
	d Address of	Reporting Person*				_													

TOWERVIEV	<u>W LLC</u>		
(Last)	(First)	(Middle)	
460 PARK AVE	NUE		
(Street)			
NEW YORK	NY	10022	
(City)	(State)	(Zip)	
1. Name and Addres TISCH DAN	ss of Reporting Perso I <u>EL R</u>	n*	
(Last)	(First)	(Middle)	
460 PARK AVE	NUE		
(Street)			
NEW YORK	NY	10022	
(City)	(State)	(Zip)	

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
 12/16/2016

 Daniel R. Tisch
 12/16/2016

** 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.