FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code V Amount Code Name of the part of t	er
(Last) (First) (Middle) C/O ROBERT WASHLOW, BAY WEST MANAGEMENT 555 SKOKIE BOULEVARD, SUITE 215 4. If Amendment, Date of Original Filed (Month/Day/Year) (Street) NORTHBROOK IL 60062 (City) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day	ner
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Common Stock par value \$1.00 per share 11/15/2011 S 1.000 D \$15.0045 886.213 I	Nature f Indirect eneficial wnership
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Common Stock, par value \$1.00 per share 11/16/2011 S 941 D \$15.0184 885,272 I By	y Trusts
Common Stock, par value \$1.00 per share	y Trusts
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)	
Derivative Conversion or Exercise (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 3) Price of (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 5) Code (Instr. 5) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Securities Code (Instr. 5) Expiration Date (Month/Day/Year) Securities Code (Instr. 5) Exercise (Month/Day/Year) Securities Code (Instr. 5) Code (Instr.	1. Nature f Indirect eneficial wnership nstr. 4)
Code V (A) (D) Date Expiration Date Expiration Date Title Shares	

Explanation of Responses:

/s/ Roberta Port Washlow

11/17/2011

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).