## Edgar Filing: Kretzman Robert K. - Form 4

Kretzman Ro	obert K.											
Form 4												
April 17, 200	)7											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PPROVAL				
		DSIAIE			ND EAC D.C. 205		GE (	201011011551010	OMB Number:	3235-0287		
Check thi	is box		vv as	anngton,	D.C. 205	49				January 31,		
if no long		MENT (	)F CHAN	CES IN I	RENEEL	стат	OW	NERSHIP OF	Expires: 200			
subject to Section 1	)			SECUR			1011		Estimated average			
Form 4 or				SLUCK	11120				burden hours per response 0.5			
Form 5	Filed p	oursuant to	Section 10	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,	16300136	0.0		
obligation	ns Section 1						c	f 1935 or Sectio	n			
may cont <i>See</i> Instru	inue.		) of the In	•	<b>.</b>							
1(b).												
(Print or Type F	Responses)											
1. Name and A	ddress of Reportin	ng Person *	2 Issuer	Name and	Ticker or T	rading	Ŧ	5. Relationship of	Reporting Per	son(s) to		
				2. Issuer Name <b>and</b> Ticker or Trading Symbol				Issuer				
			-	N INC /I	DE/ [REV	7						
(Last)	(First)	(Middle)			-	-		(Chec	ck all applicable	e)		
(Eust)	(1130)	(initiatic)		3. Date of Earliest Transaction (Month/Day/Year)				Director10% Owner				
237 PARK AVENUE				04/14/2007					X_Officer (give titleOther (specify			
								below) EVP. HR. (	below) CLO and Gen C	Counsel		
	4 If Ame	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
				Filed(Month/Day/Year)				Applicable Line)				
					<b>,</b>			_X_ Form filed by (				
NEW YORI	K, NY 10017							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)		<b>T</b> N D		•.						
								uired, Disposed of		-		
1.Title of Security	2. Transaction Date 2 (Month/Day/Year) E		emed ion Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of				5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(Wonth/Day/Tea	any Execut	ion Date, n	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				(D) or	Beneficial Ownership			
· · · ·		•	n/Day/Year)				Owned	Indirect (I)				
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Class A				coue v		(D)	+					
Common	04/14/2007			F	27,040	D	\$	406,840	D			
Stock					<u>(1)</u>		1.2					

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

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code Y		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Kretzman Robert K. 237 PARK AVENUE NEW YORK, NY 10017			EVP, HR, CLO and Gen Counsel					
Signatures								
/s/ Robert K. Kretzman	04/16/2007							
<u>**</u> Signature of	Date							

## **Explanation of Responses:**

- \* 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).
- (1) Represents shares withheld from vested restricted stock pursuant to the terms of a shareholder-approved stock plan for the payment of federal and state withholding taxes due on vesting.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person