FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPR	OVAL
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Last) (First) (Middle) 02/12/2007 A below) below below below 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Cl	erson		
	erson		
(Street) STAMFORD CT 06926-0700 (City) (State) (Zip) Line) X Form filed by One Reporting Form filed by More than On Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Instr. 3, 4 and 5) 2. Transaction Date (Instr. 3, 4 and 5) 2. Transaction Date (Instr. 3, 4 and 5) 3.	of Indirect Beneficial Ownership		
Code V Amount (A) or (D) Price Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock 02/12/2007 F 2,032 D \$48.03 101,259 D			
Common Stock 697.6387 I	By 401(k) Plan		
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 (Instr. 3) Below the price of Derivative Security (Instr. 3) A. Transaction Date (Month/Day/Year) (Month/Day/Year) 4. Deemed Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 4. Deemed Execution Date (Month/Day/Year) (Month/	Beneficial Ownership		

Explanation of Responses:

Remarks:

Patricia M. Johnson-POA for M. Martin

02/13/2007

** 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).