## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
	Estimated average burden					
1	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(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Instruc	ion 1(b).			Filed							nes Exchan			34						
		Reporting Person <sup>*</sup> Γ MANAGE	MENT	<u>, LLC</u>					ker or Tr							lationship ck all app Direc	licable)		erson(s) to	
(Last) 767 THII 21ST FL	RD AVE	rst) (	Middle)		3. Da 01/0			st Trans	action (I	Month	/Day/Year)					Office below	er (give title v)	)	Other below	(specify
					4. If <i>i</i>	Ame	endment	, Date o	of Origina	al Filed	d (Month/Da	ay/Yea	r)		ine)	lividual o	r Joint/Grou	up Fili	ing (Check	Applicable
(Street) NY	N	<b>Y</b> 1	10017												X	Form	n filed by M		eporting Per nan One Re	
(City)	(St	ate) (	Zip)																	
		Tabl	e I - No	n-Deriva	ative	Sec	curitie	es Aco	quired	, Dis	posed o	f, or	Ben	efici	ally	/ Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transac Date (Month/Da		E) if a	A. Deemone xecution any lonth/Da	Date,	3. Transa Code ( 8)		4. Securition Disposed (5)				nd	5. Amou Securiti Benefici Owned I Reporte	es ally Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (D	) or	Price		Transac (Instr. 3	tion(s)			(insu. 4)
Common	Stock			01/02/2	2013				P		24,010		D	\$5.2	25	295	5,101		I	See Footnote <sup>(1)</sup>
Common	Stock			01/03/2	2013				P		37,249		D	\$6.3	13	257	7,852		I	See Footnote <sup>(1)</sup>
		Та		Derivati (e.g., pu												wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,	4. Transac Code (li 8)		of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	6. Date Expirati (Month/	on Dat		Amo Secu Unde Deriv	le and unt of rities erlying rative rity (In	str. 3	De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or	ount mber ares						
		Reporting Person*  T MANAGE	MENT	<u>, LLC</u>																
(Last) 767 THII 21ST FL		(First)	(Mic	ddle)																

<u>BITUTED TID</u>	021 1/1111 1110	<u>LIVILIVI, LLC</u>	
(Last)	(First)	(Middle)	
767 THIRD AVE	3		
21ST FLOOR			
(Street)			
NY	NY	10017	
(City)	(State)	(Zip)	
STRAUS ME	(First)	(Middle)	
767 THIRD AVE	• •	(iviluale)	
707 TIMED AVI	211012		
21ST FLOOR			
21ST FLOOR  (Street)			
	NY	10017	

## Explanation of Responses:

Investment Vehicles and Mr. Straus's status as managing member of SAM. The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such reporting person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended ("Section 16"), or for any other purpose. The Reporting Persons affirmatively disclaim being a "group" for purposes of Section 16.

Straus Asset Management,

LLC By: /s/ Melville Straus, 02/01/2013

Managing Member

/s/ Melville Straus 02/01/2013

\*\* 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.