SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

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

	ddress of Repo		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/30/2020							
(Last) (First) (Middle) 555 WEST 18TH STREET					4. Relationship of Reportin Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) NEW YORK (City)	NY (State)	10011 (Zip)	-		Director Officer (give title below)	Oth	% Owner ner (specify ow)		eck Applicable Form filed Person	by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				1	2. Amount of Securities Beneficially Owned (Instr. \$)	Forr (D) d			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, par value \$0.001					1,000		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
E			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative S (Instr. 4)				5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiration Date	Title	Amou or Numb of Share	unt Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)		

xplanation of Responses:

Tanya M. Stanich, VP & Assistant Secretary

06/30/2020

Date

** Signature of Reporting Person

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

 \ast If the form is filed by more than one reporting person, see Instruction 5 (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.