SEC For	m 4 FORM	4	UNITED	STA1	TES S			IS AN Igton, D.C		-	NGE C	OMMI	SSION			40000		
Section obligat	this box if no lo n 16. Form 4 or ions may conti tion 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNER Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									_				erage burde	3235-0287		
1. Name and Address of Reporting Person [*] Fibig Andreas					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specific balant)			wner		
(Last) (First) (Middle) 521 WEST 57TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2020								A below) below) CEO					
(Street) NEW YORK NY 10019 (City) (State) (Zip)													ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Trans Date				2. Transa	Execution Date,			3. Transaction Code (Instr.			f, or Beneficially ties Acquired (A) or I Of (D) (Instr. 3, 4 and 9		5. Amoun Securities Beneficial Owned Fo	5. Amount of 6. Ov Securities Form Beneficially (D) o Owned Following (I) (Ir		mership : Direct Indirect str. 4)	7. Nature o Indirect Beneficial Ownership	
Common Stock								Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 and	on(s) nd 4)	4)		(Instr. 4)	
Common	Stock		Table II - I	Derivati	ivo So	curities		uired C	lien	osed of	or Beng	ficially	64,34	2.111		D		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		(e.g., pu 4. Trans Code						convertible secu isable and tte ear) 7. Title au of Securi Underlyii		d Amount des g Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici: Owned Followin Reported	ve es ally Ig d	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi t (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares	5	Transact (Instr. 4)				
Stock Equivalent Unit	(1)	06/15/2020		A		196.734 ⁽²⁾	96.734 ⁽²⁾ ((3)	Common Stock 196		\$127.34	55,928.997		D		
Purchased Restricted Stock Units	(4)							04/01/20	022	04/01/2022	Common Stock	20,026		20,026		D		
Purchased Restricted Stock Units	(4)							04/02/20	021	04/02/2021	Common Stock	21,413		21,4	13	D		
Purchased Restricted Stock Units	(4)							04/06/20	023	04/06/2023	Common Stock	19,639		19,639		D		
Restricted Stock Units	(5)							04/01/20)22	04/01/2022	Common Stock	4,172		4,172		D		
Restricted Stock Units	(5)							04/06/20	023	04/06/2023	Common Stock	7,013		7,01	13	D		

Explanation of Responses:

1. The Stock Equivalent Units ("Units") convert to Common Stock on a one-for-one basis.

2. Reflects Units under the Company's deferred compensation plan resulting from deferral of compensation, a Company match and the 25% premium contributed by the Company on such Units. Units contributed by the Company are subject to vesting based on continued employment through December 31, 2021.

3. The Units are payable in Common Stock upon earlier of termination of employment or January 1 following retirement.

4. The Purchased Restricted Stock Units ("PRSUs") convert to Common Stock on a one-for-one basis.

5. The Restricted Stock Units ("RSUs") convert to Common Stock on a one-for-one basis.

/s/ Nanci Prado, attorney in fact 06/17/2020

** 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.