FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvaorii	igion,	D.O. 2	-00 10		

OMB APF	PROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	e· 0.5

By: Investment Partnership(1)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

1. Name and Address of Reporting Person*

GGCP, INC.

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

intende defense	ies of the issue ed to satisfy the e conditions of ee Instruction 1	affirmative Rule 10b5-																	
		Reporting Person STORS, INC		<u>Γ AL</u>							ing Symbol	[STR		5. Relationshi Check all app Direc	licable) _	_ `	s) to Iss	
(Last) ONE CO	(Fii	,	Midd	lle)		ate of E		Tran	sactio	on (Mc	nth/Day/Year	·)			er (give	-	_ c	other (spelow)	
(Street)	N.	7 1	058	30	4. If	Ameno	Iment, [Date	of Ori	ginal I	Filed (Month/	Day/Yea		Form	i filed b	Group Fili y One Re y More th	porting	g Perso	n
(City)	(St	ate) (2	Zip)											Pers	on				
		Table	: I -	Non-Deriva	ative	Secu	rities	Ac	quir	ed, C	Disposed	of, or	Benefic	ially Own	ed				
1. Title of S	Security (Ins	tr. 3)		2. Transaction Date (Month/Day/Ye	ear) E	f any	med on Date, Day/Yea	·]	3. Fransa Code (3)		4. Securities Disposed Of 5)	Acquire f (D) (Ins	ed (A) or tr. 3, 4 and	Beneficially Owned Foll	,	6. Owner Form: Di (D) or Inc (I) (Instr.	irect direct	7. Natu Indired Benefi Owner	ct icial rship
								ď	Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and			-	(Instr.	4)
Common	Stock			11/19/202	24				S		200	D	\$40.5	1,000	0	I			stment ership
		Та	ble	II - Derivat (e.g., pu							sposed of s, convert				d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	. Deemed ecution Date,	4. Trans	action (Instr.	5. Num of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	mber ative rities ired osed	6. D Exp (Mo	ate Ex	ercisable and	7. Ti Amo Seci Und Deri	tle and ount of urities erlying vative urity (Instr.	8. Price of Derivative Security (Instr. 5)	deriva Secur Bene Owne Follor Repo	rities ficially ed wing rted action(s)	Form Direct or Inc		11. Natu of Indir Benefic Owners (Instr. 4
					Code	v	(A)	(D)	Date Exe	e ercisat	Expiratio	n Title	Amount or Number of Shares						
		Reporting Person STORS, INC		<u>Γ AL</u>							•		•	•	•		•		
(Last)	ORPORATE	(First)		(Middle)															
(Street)		NY		10580															
(City)		(State)		(Zip)		_													
		Reporting Person tal Group, In																	
(Last)	SON STRE	(First) ET		(Middle)															
(Street)	WICH	СТ		06830															
(City)		(State)		(Zip)															

(Last)	(First)	(Middle)	
189 MASON STI	REET		
(Street)			
GREENWICH	CT	06830	
(City)	(State)	(Zip)	
1. Name and Address	s of Reporting Perso	n [*]	
1. Name and Address GABELLI MA		n [*]	
		on* (Middle)	
GABELLI MA	(First)		
(Last)	(First)		
(Last) 191 MASON STI	(First)		

Explanation of Responses:

1. GAMCO Investors, Inc. and Associated Capital Group, Inc. have less than a 100% interest in this entity; GGCP, Inc. has less than a 100% interest in GAMCO Investors, Inc. and Associated Capital Group, Inc.; and Mario J. Gabelli has less than a 100% interest in GGCP, Inc. The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity which is greater than the Reporting Persons' indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.

/s/ Douglas R. Jamieson, Attorney-In-Fact for MARIO J. GABELLI, GGCP, INC., 11/20/2024 and ASSOCIATED CAPITAL GROUP, INC. /s/ Peter D. Goldstein, General

Counsel for GAMCO
INVESTORS, INC. 11/20/2024

** Signature of Reporting Person

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.

^{*} 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).