FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| 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

| l | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* DEZWIREK PHILLIP | | | | | | | | | | | | | | ck all app | | Owner | | | |
|---|--|------------|----------------------------------|---|------------------------|---------------------------------|---|--------|-----------------|---|--------------------|---|------------------------------------|---|--|--|---------------------------------------|--|---|
| (Last) (First) (Middle) 2300 YONGE STREET, SUITE 1710 PO BOX 2408 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/20/2011 | | | | | | | | |) | X Officer (give title Other (specify below) Chairman | | | | | |
| (Street) | ΓΟ Αθ | 5 1 | M4P 1E | 4 | 4. If <i>A</i> | Amen | dment, | Date o | of Origina | al File | d (Month/Da | uy/Year) | | Line |) <mark>K</mark> Forn | n filed by C | ne Re | ing (Check eporting Per an One Re | rson |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | 2. Transac | ction 2A. Deemed Execution Date, | | Transaction Disposed O | | of, or Benefici es Acquired (A) or Of (D) (Instr. 3, 4 an | | or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Prie | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | | | 09/20/2 | 2011 | | | | P | | 500 | A | . \$ | 5.89 | 655 | 5,912 | | D | |
| Common Stock 09/20/20 | | | 2011 | 011 | | | P | | 500 | A | . \$ | 5.9 | .9 656,41 | | D | | | | |
| Common Stock 09 | | | 09/20/2 | 09/20/2011 | | | | P | | 500 | A | . \$ | 5.91 656,912 | | 5,912 | D | | | |
| Common Stock 09/20 | | | 09/20/2 | 2011 | | | P | | 2,500 | A | \$ | 659,4 | |),412 | D | | | | |
| Common | Stock | | | | | | | | | | | | | | 2,18 | 8,736 | | | By Icarus Investment Corp. ⁽¹⁾ |
| Common Stock | | | | | | | | | | | | | | 4, | 700 | | I | By Retirement Account of spouse | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any | | | | ransaction of code (Instr. Derivat | | ative rities ired osed | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | . 3 | Repo Tran: (Insti | | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Shares | er | | | | | |

Explanation of Responses:

1. Filer is President of Icarus Investment Corp. and disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.

Remarks:

/s/ Kathryn A. Erickson as Attorney-in-Fact for Phillip **DeZwirek**

09/21/2011

** 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.