

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * | | | | 2. I | ssuer Nam | e and T | ick | er or Tra | ading | Sy | mbo | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|---------|-------------------|--|---|-------------------------------|--|---------------------|------------------|-------|--|---|---|---|---|--|--|
| RAINES ME | RILEE | | | | ATTS W C [WTS | | R T | rechi | NOL | O | GIF | ES X Director | | | _ 10% Own | er | |
| (Last) (First) (Middle) | | | 3. Г | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | YYY) | Officer (give title below) Other (specify below) | | | | | | |
| 815 CHESTN | UT STRI | EET | | | | 8 | /3/ | /2012 | | | | | | | | | |
| (Street) | | | | | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual (Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| NORTH ANDOVER, MA 01845 (City) (State) (Zip) | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tal | ble I - No | n-Deriv | ative Secu | ırities A | cq | uired, D | Dispos | sed | of, o | or Beneficially Ow | | | 9 | | |
| | | | 2. Trans. Date | 2A. Deemed Execution Date, if | 3. Trans. Code (Instr. 8) | | 4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5) | | | d (A) | 5. Amount of Securities I Following Reported Tran (Instr. 3 and 4) | | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | any | Code | v | Amount | (A) or (D) | Pı | rice | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Class A Common Stock 8/3/ | | | | 8/3/2012 | 2 | A | | 2405.0000 | 0 A | \$0.0 | 0000 | 4870.0000 | | | D | | |
| | Table II - | Derivat | ive Secur | ities Be | neficially | Owned | (e | .g. , put | s, cal | ls, v | warı | rants, options, conv | vertible s | securities) | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e | Deemed | 4. Trans. Code (Instr. 8) | Acquired (Disposed of | rative Securities ired (A) or | | and Expiration Date | | | Secur Deriv | tle and Amount of rities Underlying vative Security :. 3 and 4) | (Instr. 5) | of derivative Securities Beneficially Owned | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | V (A) | (D) | | ate xercisable | Expirat Date | ion | Title | Amount or Number of Shares | | Reported Transaction (s) (Instr. 4) | (I) (Instr. 4) | | |

Explanation of Responses:

Reporting Owners

| Deporting Owner Name / Address | Relationships | | | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| RAINES MERILEE | | | | | | | | | |
| 815 CHESTNUT STREET | X | | | | | | | | |
| NORTH ANDOVER, MA 01845 | | | | | | | | | |

Signatures

/s/ Amy B. Clark, Attorney-in-Fact

** 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 control number.