## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	205/19
vvasiiiiiqtuii,	D.C.	20349

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	OWNERSHIP

ı	OMB APPROVAL							
	OMB Number:	3235-0287						
	Estimated average burd	en						
l	hours per response:	0.5						

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

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

					- OC		()	J. 1110			Pa, 710									
1. Name and Address of Reporting Person*  HOPGOOD SUZANNE M														(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
	[															- 1				
(Last)	•	irst) LTY TRUST	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/15/2008									Officer (give title Other (spec below) below)						
			ELUTE DEO																	
1311 IVI	AMARONE	CK AVENUE, S	SUITE 200	-										-				/ <del>-</del>		
(Street) WHITE					4. If A	mendm	ent,	Date	of Original Fi	led (	Month/D	ay/Yeai	)	Line	,	iled by One	Ü	`		
PLAINS	N	Y	10605												Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-D	erivat	ive S	Secur	itie	s Ad	cquired, D	isp	osed (	of, or	Bene	eficial	ly Owned	l				
Da			Dat		action 2A. Deemed Execution Date if any (Month/Day/Yea		Date, Transaction Code (Instr		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Beneficia Owned F	s ally following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	′	Amount	nt (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		٦	Table II - Dei e.ç)						uired, Dis s, options	•		-		-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Cod	nsactio	5. Number 6		Expiration Date (Month/Day/Year)			7. Title of Sec Under Deriva (Instr.	urities ying tive Se		8. Price of Derivative Security (Instr. 5)		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)		
				Cod	le V	(A		(D)	Date Exercisable	Ex <sub> </sub>	piration te	Title	0 10 0	Amount or Number of Shares						
Common Shares of Beneficial Interest - Equivalent	(1)	04/15/2008	(1)	I		28	(1)		04/15/2008		(1)	Comn Shares Benefi Intere	of cial	28	\$24.81	5,965		D		
Common Shares of Beneficial Interest - Equivalent	(2)	07/15/2008	(2)	I		35	(2)		07/15/2008		(2)	Comn Shares Benefi Intere	of cial	35	\$22.13	6,000		D		
Common Shares of Beneficial	(3)	10/15/2008	(3)	ı		36	(3)		10/15/2008		(3)	Comn Shares Benefi	of	36	\$17.34	6,036 <sup>(4)</sup>	)	D		

## **Explanation of Responses:**

- 1. These shares represent the stock equivalent equal to the value of dividends (1st quarter) which would have been payable had shares been issued pursuant to the Issuer's Deferred Compensation Plan.
- 2. These shares represent the stock equivalent equal to the value of dividends (2nd quarter) which would have been payable had shares been issued pursuant to the Issuer's Deferred Compensation Plan.
- 3. These shares represent the stock equivalent equal to the value of dividends (3rd quarter) which would have been payable had shares been issued pursuant to the Issuer's Deferred Compensation Plan.
- 4. Of these 6,036 deferred shares, 2,000 are currently unvested and shall vest in accordance with the schedule indicated in Footnote No. 1 on the May 14, 2008 Form 4. Additionally, Ms. Hopgood owns 9,000 Options previously awarded to her.

/s/ Suzanne Hopgood

\*\* Signature of Reporting Person

10/21/2008

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.