## Edgar Filing: Burwick David A - Form 4

| Form 4<br>November 21  |  |   |                                |  |   |          |  |  |  |  |  |  |
|--|--|---|--------------------------------|--|---|----------|--|--|--|--|--|--|
| FORM   | <b>4</b> UNITED S  | STATES SI                                       |                                | ITIES A<br>hington,                    |   |          | NGE C  | OMMISSION  | OMB AF<br>OMB<br>Number:   | PROVAL<br>3235-0287  |  |  |
| Check this<br>if no long<br>subject to<br>Section 16<br>Form 4 or<br>Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b). | er <b>STATEM</b><br>5.<br>Filed purs<br><sup>15</sup> Section 17(a |   |                                |  |   |          |  |  |  | January 31<br>Expires: 2005<br>Estimated average<br>burden hours per<br>response 0.5 |  |  |
| (Print or Type R   | esponses)  |   |                                |  |   |          |  |  |  |  |  |  |
| Burwick David A Symb<br>BOS  |  |   | ymbol                          | Name and                               |   |          | -  | 5. Relationship of Reporting Person(s) to Issuer   |  |  |  |  |
|  |  |   |                                | N BEER                                 |   | [SA]     | M]   | (Check all applicable)   |  |  |  |  |
| (Last)<br>32 AUTUMI  |  | (N  | Date of<br>/onth/Da<br>1/18/20 | •                                      | ansaction                               |          |  | X Director<br>Officer (give t<br>below)  |  | Owner<br>r (specify  |  |  |
|  |  |   | ndment, Da<br>th/Day/Year)     |  | l                                       |          | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_Form filed by One Reporting Person |  |  |  |  |  |
| NEW CANA   | AAN, CT, X1 068  | 40  |                                |  |   |          |  | Form filed by M<br>Person  | ore than One Re  | porting  |  |  |
| (City)   | (State) (  | Zip)  | Table                          | e I - Non-D                            | erivative                               | Secur    | ities Acq  | uired, Disposed of,  | , or Beneficial  | ly Owned   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year)                            | 2A. Deemed<br>Execution D<br>any<br>(Month/Day, | Date, if                       | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securit<br>on(A) or Di<br>(Instr. 3, | spose    | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |  |  |  |
| Class A<br>Common  | 11/18/2005   | 11/18/200                                       | 95                             | Code V<br>P                            | Amount 200                              | (D)<br>A | Price<br>\$<br>26.98   | (Instr. 3 and 4)<br>200  | D  |  |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transac<br>Code<br>(Instr. 8 | ction<br>3) I<br>2<br>4<br>(<br>1<br>c<br>( | 5.<br>tionNumber<br>of<br>) Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |     |                     |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|------------------------------------|---|---|-----|---------------------|--------------------|---|--|---|---|
|   |   |   | Code V                             | V (   | (A) (   | (D) | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                |            | Relationsh |         |       |  |  |  |  |
|---|------------|------------|---------|-------|--|--|--|--|
|   | Director   | 10% Owner  | Officer | Other |  |  |  |  |
| Burwick David A<br>32 AUTUMN LANE<br>NEW CANAAN, CT, X1 06840 | Х          |            |         |       |  |  |  |  |
| Signatures  |            |            |         |       |  |  |  |  |
| Kathleen H. Wade under POA fo<br>Burwick                      | 11/21/2005 |            |         |       |  |  |  |  |
| <u>**</u> Signature of Repo                                   | Date       |            |         |       |  |  |  |  |

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.