

[] 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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | 2. | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--------------------|--|------------------------------|--|--|-----------|--|---------------|--------------------|--|---|----------------------------------|---------------|---|---|--|
| BONNEY N | ИСНАЕ | L W | | B] | RIS | TOL N | MYER | S S | QUII | BB CO | [BMY | | X_ Director | | 10% | 6 Owner | |
| (Las | t) (First | st) (Mi | iddle) | 3. | Date | of Earli | est Tran | sactio | n (MM | I/DD/YYYY | Y) | | Officer (giv | e title below | () Oth | er (specify b | elow) |
| 430 E. 29TH | I STREE | т, 14ТН | FLOO | R | | | 9/ | 30/2 | 020 | | | | | | | | |
| | (Str | reet) | | 4. | If Aı | mendme | nt, Date | Origi | nal Fi | led (MM/I | DD/YYYY |) 6. | Individual o | or Joint/G | roup Filing | (Check Appl | icable Line) |
| NEW YOR | • | 0016 tate) (Zip | o) | | | | | | | | | _X | _Form filed by | | ting Person One Reporting F | erson | |
| ` | | | | - Non-De | rivat | tive Secu | ırities A | cqui | red, D | oisposed (| of, or Bo | enefi | cially Owne | ed | | | |
| 1.Title of Security (Instr. 3) 2. Trans. I | | | Trans. Date | Execution Date, if any (Inst | | 3. Trans. (Instr. 8) | Code | or Disposed of (I (Instr. 3, 4 and 5) | |)) | Following Reported T (Instr. 3 and 4) | | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Ta | ble II - Der | ivative S | ecurities | Ben | eficially | Owned | l (<i>e.g.</i> | , puts | , calls, w | arrants | , opti | ons, convei | tible secu | urities) | | |
| 1. Title of Derivate Security (Instr. 3) | Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deeme Execution Date, if any | Code | | 5. Number of Derivative Securi Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (C) | | | 7. Title and Al Securities Und Derivative Sec (Instr. 3 and 4 | | rlying | | 9. Number of derivative Securities Beneficially Owned | Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Code | v | (A) | (D) | | : rcisable | Expiration Date | Title | | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |
| Deferred Share Units | <u>(1)</u> | 9/30/2020 | | A | | 382.733 | 3 | | <u>(1)</u> | <u>(1)</u> | Comm Stock, S par va | 50.10 | 382.733 | \$60.29 | 5057.255 (2) | D | |

Explanation of Responses:

- (1) Each Deferred Share Unit will be converted into a share of common stock upon settlement. The Deferred Share Units become settleable when the reporting person ceases to be a director or at a future date previously specified by the reporting person.
- (2) Includes deferred compensation and dividends reinvested under the 1987 Deferred Compensation Plan for Non-Employee Directors.

Reporting Owners

| PB | | | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|
| Penarting Owner Name / Address | Relationships | | | | | | | |
| Reporting Owner Name / Addres | Director | 10% Owner | Officer | Other | | | | |
| BONNEY MICHAEL W | | | | | | | | |
| 430 E. 29TH STREET | X | | | | | | | |
| 14TH FLOOR | Λ | | | | | | | |
| NEW YORK, NY 10016 | | | | | | | | |

Signatures

/s/ Lisa A. Atkins, attorney-in-fact for Michael W. Bonney

**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.