| SEC Form 4 | |
|------------|--|
|------------|--|

П

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

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

| OMB APPROVAL | | | | | | | | | |
|------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| stimated average | urden | | | | | | | | |

| ļ | | |
|---|--------------------------|-----|
| | hours per response: | 0.5 |
| | Estimated average burden | |

| 1. Name and Address of Reporting Person [*] ZIMMER KEN | | | | uer Name and Ticke | | ding S | iymbol | | ationship of Reportir k all applicable) Director Officer (give title | ting Person(s) to Issuer 10% Owner e Other (specify | | |
|---|----------------------|---|-------------------------------------|--|----------|--------|---------------|---------------|---|---|---|-----------|
| (Last) ONE FREED | (First) OM VALLEY | (Middle) DRIVE | | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2004 | | | | | | Senior Vice President | | |
| (Street) | | | 4. If A | Amendment, Date of | Original | Filed | (Month/Day/Ye | ear) | 6. Indiv Line) | vidual or Joint/Grou | o Filing (Check A | pplicable |
| OAKS | PA | 19456 | | | | | | | X | Form filed by On | | |
| (City) | (State) | (Zip) | | | | | | | | Form filed by Mo Person | re than One Rep | orting |
| | | Table I - Nor | -Derivative | Securities Acqu | uired, | Disp | oosed of, o | or Ben | eficially | Owned | | |
| Dia contraction of the second s | | 2. Transaction Date (Month/Day/Year | Execution Date, Day/Year) if any | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (|

| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
|---|------------|--|---|--|--------|---|--------|------------|---|--------------------|--|
| Common Stock | | | | | | | | 586,921.25 | D | | |
| Common Stock | 06/21/2004 | | Р | | 33,650 | Α | \$27.4 | 33,650 | Ι | By 401 (K) Plan | |

| 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/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | Expiration Date (Month/Day/Year) s | | Expiration Date Amount of | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---|--|--------------------|---------------------------|--|--|--|----------------------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

Michelle Vaughn (Attorney-in-06/22/2004

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 Number.