FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

ngton, D.C. 20549	OMB APPROVAL

Į.				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		
	Estimated average burde	en		
Filed nursuant to Section 16(a) of the Securities Eychange Act of 1934	hours per response:	0.9		

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

1. Name and Address of Reporting Person*  LIEB RICHARD							ker or Tradi ENTS C				5. Relationship of Reporting Person(s) to Issue (Check all applicable)						
LIEB RICHARD													X Directo	or		10% Ow	ner
(Last)	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/10/2007								Officer below)	(give title		Other (s below)	pecify
ONE FR	EEDOM V	ALLEY DRIVE		12	./10/2	2007											
ONE TREEDOM VIRELET BIAVE					If Ame	ondmont	Data	of Original F	ilod	(Month/Do	6 1	6. Individual or Joint/Group Filing (Check Applicable					
					II AIII	enument,	Date	oi Originai F	ileu	(IVIOITITI/Da		Line)					
(Street) OAKS	PA		19456										X Form f	iled by One	Repo	rting Persor	
UAKS	PF	1	19456										Form filed by More than One Reporting				
													Persor	1		•	1
(City)	(S	tate)	(Zip)														
		Tab	le I - Non-E	Derivativ	e Se	curitie	s Ac	quired, I	Disp	oosed o	f, or Be	neficial	ly Owned	l			
1. Title of	Security (Inst	tr. 3)	2.	. Transactio		2A. Deem		3.			ties Acquire		5. Amou	nt of	6. Ov	nership :	. Nature
Date			ate Month/Day/Y	ay/Year) Execution Date if any (Month/Day/Ye			Code (Instr.   5)			ed Of (D) (Instr. 3, 4		Securitie Benefici	ally (D) o following (I) (Ir		or Indirect Enstr. 4)	of Indirect Beneficial Ownership	
(Months 24												"		Owned F			
						Code	v	Amount	(A) or	Price	Reported Transact	tion(s)	1 1		(Instr. 4)		
							Code		Amount	(D) F11C		(Instr. 3	and 4)				
		-	Гable II - De	erivative	Sec	urities	Aco	uired, Di	spo	sed of,	or Bene	eficially	Owned				
								s, options									
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	her	6. Date Exer	risa	hle and	7. Title and		8. Price of	9. Number	r of	10.	11. Nature
Derivative	Conversion	Date	Execution Date,	te, Trans	action	of	of E		Expiration Date Amou			f	Derivative	derivative		Ownership	of Indirect
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Ye	Code (Ins 'ear)   8)		str. Derivative Securities		(Month/Day/Year)			Securities Underlying		Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership
Derivative Security						Acquir	Acquired		Derivative Secu					Owned Following	٠ ا	or Indirect	(Instr. 4)
					(A) or Disposed					(Instr. 3 and 4)				Reported		(I) (Instr. 4)	
					of (D) (Instr. 3, 4								Transaction(s)				
					and 5)									(111341. 4)			
												Amount	1				
							ΙI					or Number					
					l.,	1,,	<u>_</u>	Date		xpiration		of					
				Code	٧	(A)	(D)	Exercisable		Date	Title	Shares					
Stock Option											Common						
(right to	\$32.49	12/10/2007		A		5,000		12/10/2014	<sup>1)</sup>   1	2/10/2017	Stock	5,000	\$0	5,000		D	

## **Explanation of Responses:**

1. The option vests upon the earlier of the Issuer's attainment of specific levels of earnings per share or seven years from the date of the grant. The option will expire on the ten year anniversary of the date of the grant.

## Remarks:

Ruth Montgomery (Attorney in 12/11/2007 fact0

\*\* 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.