Edgar Filing: RIEPE JAMES S - Form 4

DIEDE LAMES S

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Form 4											
May 25, 200	7										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB A	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box						Expires:	January 31,				
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated a	2005 average				
	Section 16. SECURITIES						burden hou				
Form 4 o									response		
Form 5 obligation	no -						-	ge Act of 1934,			
may cont				•	•	• •		f 1935 or Sectio	n		
See Instru	uction	30(h) of the Inv	vestment	Company	y Act	of 19	40			
1(b).											
(Print or Type F	Responses)										
(I fint of Type I	(csponses)										
1. Name and A	ddress of Reporting	Person *	2 Issuer	Name and	Ticker or 7	Fradin	a	5. Relationship of	Reporting Per	son(s) to	
RIEPE JAMES S Symbol				er Name and Ticker or Trading AQ STOCK MARKET INC D1				Issuer	1.0		
								(Check all applicable)			
(Month/Da			Earliest Transaction			Officer (give title Other (specify					
ONE LIBERTY PLAZA 05/23/20				below)				below)	below)		
			JU /				below)	Delow)			
	(Street)				o Original			,	,	ng(Chaola	
	(Street)		4. If Amer	ndment, Dat	-			6. Individual or Jo	,	ng(Check	
	(Street)		4. If Amer		-			,	oint/Group Filin	-	
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	K, NY 10006		4. If Amer	ndment, Dat	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0	oint/Group Filin One Reporting Pe	erson	
NEW YORI (City)	X	(Zip)	4. If Amer Filed(Mon	ndment, Dat th/Day/Year)	-	securi	ties Acc	 6. Individual or Jo Applicable Line) _X_ Form filed by Q Form filed by N 	oint/Group Filin One Reporting Pe fore than One Re	erson eporting	
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(City) 1.Title of Security (Instr. 3) Common Stock, par	K, NY 10006 (State) 2. Transaction Da (Month/Day/Year	te 2A. De Execution	4. If Amer Filed(Mon Table emed on Date, if	ndment, Dat th/Day/Year) 3. Transactic Code (Instr. 8) Code V	erivative S 4. Securi onAcquired Disposed (Instr. 3, Amount 1,506	ties (A) o of (D 4 and (A) or (D)	r) 5) Price	 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by N Person quired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	oint/Group Filin One Reporting Performent of the Performance of the Performance of the Performent of t	erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership	
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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 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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
RIEPE JAMES S ONE LIBERTY PLAZA NEW YORK, NY 10006	Х						
Signatures							
/s/ Edward S. Knight, by power attorney	r of	05/2	25/2007				
<u>**</u> Signature of Reporting Person			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).

(1) Represents shares of restricted stock granted pursuant to The Nasdaq Stock Market Equity Incentive Plan.

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.