FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES IN	N BENEFICIAL	<b>OWNERSHIP</b>
• .,	0. 0		•

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average bu	ırden							
hours per response:	0.5							

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

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1. Name and Address of Reporting Person*  WILLIAMS DENNIS K								e <b>and</b> Tic			Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (Eirst) (Middle)				3.	Date o	of Earl	iest Trans	saction (	Month	n/Day/Year)		$\dashv$		Officer below)	(give title	X	Other (	specify		
(Last) (First) (Middle) 630 DUNDEE ROAD				/10/2			(		-9)			,	E xecutive Ch		,					
(Street)					4.	If Ame	ndme	nt, Date	of Origin	al File	ed (Month/Da	ay/Year)		6. Indi Line)	vidual or J	oint/Group	Filing	(Check Ap	plicable	
NORTHBROOK IL 60062		60062											X				•			
(City)	(S	tate)	(Zip)												Person		C trica	r One repe	nung	
		Tak	ole I - No	on-Deri	vativ	e Se	curit	ties Ac	quired	d, Di	sposed o	f, or Be	nefici	ially	Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Disposed Of		s Acquired (A) or of (D) (Instr. 3, 4 an		nd 5) Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price		Transact	Reported Transaction(s) Instr. 3 and 4)			(Instr. 4)	
Common	Stock			11/10	11/10/2005				M <sup>(1)</sup>		11,500	A	\$2	\$25.3 169		59,177		D		
Common Stock		11/10/2005					S <sup>(1)</sup>		11,500	D	\$41.4	\$41.4122 15		7,677		D				
Common Stock			11/11/2005					M <sup>(1)</sup>		15,000	A	\$27.33		172	72,677		D			
Common Stock		11/11	1/2005				<b>S</b> <sup>(1)</sup>		15,000	D	\$41.6589		157	7,677		D				
			Table II								posed of,				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	ned n Date,	4. Transa	I. Fransaction Code (Instr. 3)		5. Number of		6. Oate Exercisable a Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 ar	d Amou ies g Securi	unt 8	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	i lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
													Amou							
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Numb of Share	.						
Non- Qualified Stock Option	\$25.3	11/10/2005			M <sup>(1)</sup>			11,500	03/26/2	2002	03/26/2012	Common Stock	11,50	00	\$25.3	51,000	)	D		_
Non- Qualified Stock Option	\$27.33	11/11/2005			M <sup>(1)</sup>			15,000	03/23/2	2005	03/23/2014	Common Stock	15,00	00	\$27.33	117,00	0	D		
Deferred Comp Units	\$0.0000								05/06/2	2005	05/06/2005	Common Stock	91,1	18		91,118	3	D		
Non- Qualified Stock Option	\$18.97								03/28/2	2002	03/28/2011	Common Stock	25,50	00		25,500	)	D		
Non- Qualified Stock Option	\$19.67								03/27/2	2004	03/27/2013	Common Stock	90,00	00		90,000	)	D		

## **Explanation of Responses:**

1. Stock options exercised per filed 10b5-1 trading program.

By: /s/ Dennis Williams

11/11/2005

\*\* 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.