SEC	Form	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5	STA	TEMEN	IT OF	CHANGES	S IN E	BEN	IEFICIAL	OWN	NERSH		0	
obligations may continue. See Instruction 1(b).		Filed							4		nours per response:	0.5
1. Name and Address of Reporting Pers SIMES STEPHEN M	on*							INC [all applicable)	109	% Owner
(Last) (First) 111 BARCLAY BOULEVARD	(Middle)				tion (Mo	nth/D	ay/Year)		X	below)	bel	,
(Street) LINCOLNSHIRE IL	60069		4. If Am	endment, Date of C	Driginal F	-iled (Month/Day/Yea	ar)	6. Indiv Line) X	Form filed by	One Reporting Po	erson
(City) (State)	(Zip)									Form filed by Person	More than One R	eporting
	Table I - Noi	n-Deriva	tive S	ecurities Acqu	uired,	Disp	oosed of, o	r Bene	ficially	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)		Disposed Of (Form: Direct (D) or Indirect	Indirect
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	Estimated average I hours per response: hours per response: Director 10 Officer (give title Ot below) be Vice Chairman, President d ual or Joint/Group Filing (Chec Form filed by One Reporting F Form filed by More than One F Person Nned C. Amount of Beneficially Swned Following Reported ransaction(s) instr. 3 and 4) Composition of State of Composition (1) (Instr. 4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(1150.4)
Common Stock										176,567	I	By Trust
Common Stock	Ind Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Iss (Check all applicable) S STEPHEN M 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Iss (Check all applicable) (First) (Middle) RCLAY BOULEVARD 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Iss (Check all applicable) LNSHIRE IL 60069 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Ap Line) K Vice Chairman, President & C 5. Relationship of Reporting Person(s) to Iss (Check all applicable) LNSHIRE IL 60069 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Ap Line) Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 3. Transaction State (Month/Day/Year) 5. Amount of Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Developed Transaction(s) (Instr. 4) Notck Instack Instack Instack Instack Instack Instack			By Child								

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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)		Derivative		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Employee Stock Option (right to buy)	\$2.775	01/12/2007		A		250,000		(1)	01/11/2017	Common Stock	250,000	\$0	250,000	D	

Explanation of Responses:

Common Stock

1. This option vests with respect to 83,333 shares on each of January 12, 2008 and January 12, 2009 and with respect to 83,334 shares on January 12, 2010.

/s/ Stephen M. Simes

01/17/2007 Date

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** Signature of Reporting Person

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.