Edgar Filing: SORGENTI HAROLD A - Form 4

| SORGENTI | HAROLD A | | | | | | | | | |
|---|----------------------|----------------------------|--|-------------------------|---------|---|--|---------------------------------------|-------------------------|--|
| Form 4 | | | | | | | | | | |
| February 13, | , 2007 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB AF | PROVAL | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | |
| Check th | 5 | | | | | Expires: | January 31, | | | |
| if no long subject to | | IENT OF CH | ANGES IN | GES IN BENEFICIAL OWNER | | | | | 2005 | |
| Section 1 | | SECURITIES | | | | | | Estimated average burden hours per | | |
| Form 4 o | | | | | | | | response 0.5 | | |
| Form 5 obligation | n o - | suant to Section | | | | - | | | | |
| may cont | | | • | • | - | • | 1935 or Section | 1 | | |
| See Instru | uction | 30(h) of the | Investmen | t Compai | ny Ac | ct of 1940 | 0 | | | |
| 1(b). | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| | - | | | | | | | | | |
| 1. Name and A | Address of Reporting | Person $\frac{*}{2}$ 2. Is | suer Name an | d Ticker of | r Tradi | ng | 5. Relationship of | Reporting Person(s) to | | |
| SORGENT | I HAROLD A | Symt | ol | | | | Issuer | | | |
| | | CRO | WN HOLD | NGS IN | VC [C | CCK] | (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date o | | | e of Earliest Transaction | | | | (Check an applicable) | | | |
| ONE CROWN WAY 02/09/20 (Street) 4. If Ame | | | n/Day/Year) | | | | Director | 10% | Owner | |
| | | | /09/2007 | | | | Officer (give titleOther (specify below) | | | |
| | | | Amendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Month/Day/Yea | ur) | | | Applicable Line) | | | |
| | | | | | | | _X_ Form filed by O Form filed by M | | | |
| PHILADEL | LPHIA, PA 19154 | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | able I - Non- | Derivative | Secu | rities Acqu | iired, Disposed of, | , or Beneficiall | ly Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ties A | cquired | 5. Amount of | 6. | 7. Nature of | |
| Security | (Month/Day/Year) | Execution Date, | | on(A) or D | | | Securities | Ownership | Indirect | |
| (Instr. 3) | | any (Month/Day/Va | Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) | | | | Beneficially Owned | Form: Direct (D) or | Beneficial Ownership | |
| | | (Month/Day/Ye | u) (IIIsu. o) | | | | Following | Indirect (I) | (Instr. 4) | |
| | | | | | (A) | | Reported | (Instr. 4) | . , | |
| | | | | | or | | Transaction(s) | | | |
| | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common | 02/09/2007 | | А | 666 | А | \$ 22.532 | 60,776 | D | | |
| | | | | | | | | | | |

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) | 4. Transacti Code (Instr. 8) | ionNumber Expirati of (Month | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne 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 | | | |
| SORGENTI HAROLD A | | | | | | | |
| ONE CROWN WAY | | | | | | | |
| PHILADELPHIA, PA 19154 | | | | | | | |
| Signatures | | | | | | | |
| William T. Gallagher, by Powe Attorney | er of | 02 | /13/2007 | 1 | | | |
| **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).

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.