## Edgar Filing: GOLDMAN MARSHALL I - Form 4

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Form 4 May 22, 20	07										
FORM	ЛЛ	STATES			AND EX( n, D.C. 20		NGE C	OMMISSION	OMB AP OMB Number:	PROVAL 3235-0287	
if no lot subject Section Form 4 Form 5 obligati may co	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						January 31, Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type	e Responses)										
	Address of Reporting		Symbol	URY BA	nd Ticker or NCORP I		-0	5. Relationship of F Issuer (Check	Reporting Perso all applicable)		
(Mont			(Month/	Ionth/Dav/Year) —				X Director Officer (give ti below)	Officer (give title Other (specify		
MEDFOR	(Street) D, MA 02155			nendment, I onth/Day/Ye	Date Original ar)	l		6. Individual or Joi: Applicable Line) _X_ Form filed by Or Form filed by Mo	ne Reporting Per	son	
(City)	(State)	(Zip)	Та	hle I - Non	Dorivativa	Socuri		Person ired, Disposed of,	or Bonoficiall	v Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deema Execution any (Month/Da	ed Date, if	3.		s Acq f (D)	uired (A)	or 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A Common	05/18/2007			А	81.9549	А	\$ 22.755	<sup>3,199.0746</sup>	D		
Class A Common								3,000	Ι	By daughter Avra	
Class A Common								3,000	Ι	By daughter Karla	
Class A Common								3,000	Ι	By Son Seth	
								30,000	D		

Class B
Common

Class B Common	3,000	I	By daughter Avra
Class B Common	3,000	I	By daughter Karla
Class B Common	3,000	Ι	By Son Seth

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)

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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amou Under Securi (Instr.	nt of lying	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			
GOLDMAN MARSHALL I 400 MYSTIC AVENUE MEDFORD, MA 02155	Х						
Signatures							
By: Anthony C. LaRosa, Attorney-In-Fact	05/21/2007						
<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).

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.