FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** OMB Number: 3235-0287 average burden

0.5

> 7. Nature of Indirect Beneficial Ownership (Instr. 4)

> > 11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box if no longer subject to

(First)

NY

645 MADISON AVENUE, 10THFLOOR

(Street) **NEW YORK**  (Middle)

10022

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

obligati	16. Form 4 or ons may contir tion 1(b).			File								es Excha			1934			ll l	ated av	verage burde sponse:	en
1		Reporting Person* APITAL MA		<u>IENT</u>	ום					or Tradir		ymbol	ZH]				ck all appli Directo	cable) or	g Pers		wner
(Last)	,	*	(Middle)			Date 6		iest Trar	nsact	ion (Mor	nth/D	ay/Year)	)				Officer below)	(give title		Other ( below)	specify
645 MA	DISON AV	ENUE 			4.1	If Ame	endme	nt, Date	of O	riginal F	iled (	(Month/E	Day/Ye	ear)		6. Ind	lividual or	Joint/Group	Filing	(Check Ap	plicable
(Street) NEW YO	ORK N	Y	10022		_											X	Гатия (	filed by Mo		orting Perso One Repo	
(City)	(S		(Zip)															-			
1. Title of S	Security (Ins		ole I - Nor	2. Trans		_	2A. De	emed	Ť	3.		4. Secu	rities	Acquir	ed (A)	or	5. Amou	int of		nership	7. Natur
				Date (Month	/Day/Yo	ear)	if any	tion Date	·	Transac Code (In 8)	str.	Dispose 5)		(D) (In:			Securition Benefici Owned I Reporte Transac	ally Following d	(D) or	: Direct r Indirect str. 4)	Indirect Benefic Owners (Instr. 4
			Tabla II	Danis	-4!	<u> </u>	!4!	4			v	Amoun		(D)		ice	(Instr. 3				
			Table II -	(e.g., p	puts,	cal	suritie s, wa	arrant	s, o	ptions	spc s, c	onvert	ible	seci	uritie	s)	Jwnea				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		of Deri Sec Acq (A) o Disp of (I	oosed D) tr. 3, 4	Exp	ate Exerc iration D nth/Day/	ate		of S Und Deri	itle and lecurition lerlying ivative tr. 3 an	es J Securi		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Followin Reported Transact (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Bene Owne (Instr
					Code	v	(A)	(D)	Date Exe	e rcisable	Ex  Da	piration te	Title	•	Amou or Numb of Sha	er					
Option	\$110	07/28/2004			S			1,500	05/	13/2004	08/	/20/2004		nmon ock	150,0	000	\$0.025	161,6	00	I	(1)(1)
1		Reporting Person* APITAL MA	<u>NAGEN</u>	<u>1ENT</u>	LLC	<u>C</u>															
(Last) 645 MA	DISON AV	(First) ENUE	(Midd	le)																	
(Street) NEW Y	ORK	NY	1002	2																	
(City)		(State)	(Zip)																		
		Reporting Person*  MATTHEW																			
(Last) 645 MA	DISON AV	(First) ENUE, 10TH FI	(Midd	le)																	
(Street) NEW YO	ORK	NY	1002	2																	
(City)		(State)	(Zip)																		
		Reporting Person*																			

,			
(City)	(State)	(Zip)	

### **Explanation of Responses:**

1. The securities reported on this filing are held in the accounts of unregistered investment companies and managed accounts of which Basswood Capital Management, L.L.C. is the investment manager. Matthew Lindenbaum and Bennett Lindenbaum are the managing members of Basswood Capital Management, L.L.C.

#### Domarko

(+) Each of the Reporting Persons (each, a "Reporting Person" and collectively, the "Reporting Persons") disclaims beneficial ownership of the reported securities except to the extent of its or his pecuniary interest therein. The Reporting Persons affirmatively disclaim being a "group" for purposes of Section 16 of the Securities Exchange Act of 1934, as amended.

**Basswood Capital** 

Management, LLC (+) By: /s/

Matthew Lindenbaum,

08/19/2004

Managing Member

By: /s/ Matthew Lindenbaum

08/1<u>9/2004</u>

<u>(+)</u>

By: /s/ Bennett Lindenbaum(+) 08/19/2004

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.