

COHEN STEVEN M

Form 4

October 11, 2001

BUSINESS ADDRESS:

STREET 1: L300 WEST CYPRESS STREET, SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

BUSINESS PHONE: 8132837000

MAIL ADDRESS:

STREET 1: L300 WEST CYPRESS STREET, SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

STATEMENT FOR MONTH/YEAR: SEPTEMBER 2001

COMPANY DATA:

COMPANY CONFORMED NAME: STEVEN M. COHEN

CENTRAL INDEX KEY: H001137753

STANDARD INDUSTRIAL CLASSIFICATION:

RELATIONSHIP: OFFICER

FILING VALUES:

FORM TYPE: L

BUSINESS ADDRESS:

STREET 1: L300 WEST CYPRESS STREET

STREET 2: SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

MAIL ADDRESS:

STREET 1: M458 LOCKPORT COURT

STREET 2:

CITY: PALM HARBOR

STATE: FL

ZIP: K4685

**Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

Title of Non-Derivative Security	Transaction Date	Transaction Code	Security Amount	Securities Acquired/ Disposed (A/D)	Securities Price	Amount Beneficially Owned at End of the Month	Ownership Direct or Indirect	Nature of Indirect Beneficial Ownership
Common Stock	09/20/01	V/P	209.6970	A	4.9500	519.7516	D	

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

Transaction Date	Transaction Code	Securities Acquired/Disposed	Date Exercisable	Expiration Date	Title	Number of Shares	Price of Security	Number Beneficially Owned End of Month	Owned/Disposed

Explanation of Responses:

\* Stock is part of an Employee Stock Purchase Plan.

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 Signature of Reporting Person      Date