Edgar Filing: GRIFFON CORP - Form 4

GRIFFON Co Form 4 November 17									
FORM	4							-	PPROVAL
	Washington, D.C. 20549							OMB Number:	3235-0287
Check this if no long subject to Section 16 Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES							Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type R	esponses)								
1. Name and Ad MEHMEL R	Symbol	2. Issuer Name and Ticker or Trading Symbol GRIFFON CORP [GFF]				 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 			
(Last)	(First) (Middle)	3. Date o	f Earliest Tr	ansaction			(Chec	sk all applicable	e)
712 FIFTH A FLOOR		(Month/Day/Year) 11/15/2016				Director 10% Owner X Officer (give title Other (specify below) below) President and COO			
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
NEW YORK	K, NY 10019						Form filed by M Person	Aore than One Re	eporting
(City)	(State) (Zip)	Tab	le I - Non-D	erivative S	ecurit	ies Aco	uired, Disposed of	f, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. (Month/Day/Year) Exe any (Mo		Code	4. Securit on(A) or Di (D) (Instr. 3, 4	sposed	l of	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	11/15/2016		Code V A	Amount 73,584 (1)	(A) or (D) A	Price \$ 0	Reported Transaction(s) (Instr. 3 and 4) 458,584	D	
Common Stock				_			476 <u>(2)</u>	I	by ESOP

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.

Edgar Filing: GRIFFON CORP - Form 4

 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int 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				
MEHMEL ROBERT F 712 FIFTH AVENUE 18TH FLOOR NEW YORK, NY 10019			President and COO					
Signatures								
/s/ Seth L. Kaplan, pursuant to power-of-attorney			11/17/2016					
<u>**</u> Signature of Reporting Pers	son		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).

Restricted shares granted under the Company's 2011 Equity Incentive Plan in a transaction exempt under Rule 16b. Vesting of the restricted shares is partially dependent on the attainment of specified financial performance criteria; on November 15, 2016, it was

(1) restricted shares is partially dependent on the attainment of spectriced infanctal performance criteria, on November 19, 2010, it was certified that such financial performance criteria was satisfied. Subject to the reporting person's continued employment, the restricted shares will vest on November 30, 2016.

(2) Reflects ESOP allocations that have occurred since the date of the reporting person's last ownership report.

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.