FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* ALPERT HENRY A						2. Issuer Name and Ticker or Trading Symbol GRIFFON CORP [GFF] 2. Date of Endicat Transaction (Manth/Day/Year)											plicable)		Person(s) to Issuer			
(Last)	, , , , , , , , , , , , , , , , , , , ,						3. Date of Earliest Transaction (Month/Day/Year) 06/17/2005									Officer (give title below)			Other below)	(specify		
19 FOX HOLLOW LANE						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) OLD WESTBU	· · ·															X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					//Year)	Execution Date,			3. Transac Code (Ir 8)	cquire)) (Inst		, 4 Secur Benef Owne		cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	Amount		(A) or (D)		.	Following Reported Transaction(s) (Instr. 3 and 4)		(111501.4)		(111301. 4)						
Common											7,447			D								
Common Stock 06/17/20						005			P	v	5,000		A	\$22.07		7 31,400			I	Spartan Pension Plan		
	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)	tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any				4. Transac Code (li 8)		of Deriv Secu Acqu (A) o Disp	r osed) r. 3, 4	6. Date E Expiration (Month/E	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)			Secu	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	, O F D o (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	nber								

Explanation of Responses:

Remarks:

/s/Henry Alpert

06/17/2005

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).