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* BLAU HARVEY R | | | | | 2. Issuer Name and Ticker or Trading Symbol GRIFFON CORP [GFF] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | heck a | | p of Reportir blicable) ttor | ng Pe | erson(s) to 1 | |
|--|--|--|---------|-----------------|--|---|---|-----------------------------------|--|---|--------------------|---|-----------------|----------------|------------|---|--|---|---|--|
| (Last) | ` | rst) (I | Middle) | | 01/29 | | | t mans | action (ivid |)11(11/ | Day/Tear) | | | | | belov | er (give title w) Chairman c | | below) | (specify |
| 712 FIFT | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) NEW YO | | | 0019 | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5 | | Zip) | an Daniu | -4: | | !4! | - 4 | | <u> </u> | | • | Dame | .e:: | -U., C | | | | | |
| Table I - Non-Derive 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | tion 2A. Deemed | | | d Date, | 3. Transaction Code (Instr. | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | d (A) | (A) or 5. So B | | 5. Amount of Securities Beneficially Dwned Following | | Ownership m: Direct or irect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | int (A) or | | Pric | Report Transa | | | | u. 4) | (msu. 4) | | | | |
| Common Stock 01/29/ | | | | | 2016 | | | | A | | 3,700 |) | A | \$0 | \$0(1) 1, | | 268,772 | | D | |
| Common | | | | | | | | | | | | 810,253 | | I | | By Spouse | | | | |
| Common | | | | | | | | | | | 54 | | | I | By ESOP | | | | | |
| | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | | | derivative Securities y Beneficially | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nur of | nber | | | | | | |

Explanation of Responses:

1. Restricted stock grant under Company's 2016 Equity Incentive Plan. The stock will vest in three (3) equal annual installments beginning on January 29, 2017.

Remarks:

/s/ Seth L. Kaplan, as attorneyin-fact 02/02/2016

** Signature of Reporting Person Date

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

- * 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.