FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden
hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Kutyna Donald J			. Date of Event Requiring Stater Month/Day/Yea	nent (3. Issuer Name and Ticker or Trading Symbol GRIFFON CORP [GFF]						
(Last) (First) (Middle)			08/03/2005		Relationship of Reporting Pers (Check all applicable)		. ,	(N	5. If Amendment, Date of Original Filed (Month/Day/Year)		
4818 KENYON COURT					X	Director Officer (give title below)	10% Own Other (spe below)	- 6	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) COLORADO SPRINGS	СО	80917				below)	Delowy		X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	1		Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities beneficially owned.						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			te	Title and Amount of Securiti- Underlying Derivative Security 4)			4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Expiration Date	Title		Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

/s/Donald J. Kutyna

08/04/2005

** 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 5 (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).