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

| 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) | | | | | | | | | | all app Direc | | ng Pe | 10% C |)wner | | | |
|--|--|--|----------|-----------------------------------|--|--|---|--------|---|---------------|--|---|---|---------------------|--|---|-----------------------|--|--|---|--|--|--|
| (Last) | (1 | First) | (Middle) | | 01/3 | 31/2017 | | | | | | | | | | belov | er (give title w) | (specify | | | | | |
| C/O GRIFFON CORPORATION | | | | | | | | | | | | | | | | | Chairman of the Board | | | | | | |
| 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) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | | |
| NEW YO | NEW YORK NY 10019 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (: | State) | (Zip) | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | | |
| · · · · · · · · · · · · · D | | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposition Code (Instr. and 5) | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 Securi Benefi Owned | | icially d | Fori (D) (Indi | rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (111501. 4) | | | | | | |
| Common | 11/17/2016 | | | | G | v | 8,000 | | D | \$0 | | 432,253 | | I | | By Spouse | | | | | | | |
| Common | Stock | 01/31/2017 | | | | | A | | 3,700 |) | A | \$0 ⁽¹⁾ | | 1,272,472 | | D | | | | | | | |
| Common Stock | | | | | | | | | | | | | | | | | 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) | 2. Conversio or Exercis Price of Derivative Security | 3. Transaction Date (Month/Day/Year | if any | emed tion Date, n/Day/Year) | 4. Transac Code (li 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/D | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | of Deriv Secu | Price ferivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , [C | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber res | | | | | | | | | |

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 31, 2018.

Remarks:

/s/ Seth L. Kaplan, as attorneyin-fact 02/02/2017

** 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.