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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 [*] Kaplan Seth L. | 2. Issuer Name and Ticker or Trading Symbol <u>GRIFFON CORP</u> [GFF] | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | |
|--|--|---|--|-----------------------|--|--|
| (Last) (First) (Middle) 712 FIFTH AVENUE | 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2015 | x | Officer (give title below) Sr VP, Gen. Couns | Other (specify below) | | |
| 18TH FLOOR | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | X | porting Person | | | |
| NEW YORK NY 10019 | | | Form filed by More that Person | an One Reporting | | |
| (City) (State) (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities A Disposed Of (and 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|--|---------------|-------------------|--|--|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) |
| Common Stock | 11/11/2015 | | Α | | 139,391(1) | Α | \$ <mark>0</mark> | 173,134 | D | |
| Common Stock | | | | | | | | 633 ⁽²⁾ | Ι | by ESOP |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (c.g., puis, cans, warrants, oprioris, conventione 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. Transact Code (In 8) | | of Deriv Secu Acqu (A) of Dispo of (D) (Instr | Derivative (Month/Day/Year) Securities Acquired (A) or | | Amour Securit Underl Derivat Securit | 7. Title and 8. Amount of oi Securities D Underlying Si Derivative (li Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. 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 11, 2015, it was certified that such financial performance criteria was satisfied. Subject to the reporting person's continued employment, 95,000 restricted shares will vest on December 6, 2015, and 44,391 restricted shares will vest on November 12, 2016.

2. Reflects allocations to the reporting person's ESOP account.

Remarks:

/s/ Seth L. Kaplan

** Signature of Reporting Person Date

11/13/2015

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.