## FORM 5

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hours per response	1.0						

Form 3	Holdings Rep	orted.																
Form 4	Transactions	Reported.	Filed	d pursuant to S or Section 3														
Name and Address of Reporting Person*     Kaplan Seth L.			2. Issuer Name <b>and</b> Ticker or Trading Symbol GRIFFON CORP [ GFF ]						(Che	eck all app	licable)	ŕ		on(s) to Issuer  10% Owner Other (specify				
(Last) 712 FIFT 18TH FL	(Fii TH AVENU	,	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2021							y/Year)	<b>)</b>	belov				w) ·	
(Street)		<i>l</i> 1	.0019	4. If Amend	ment,	Date o	of Orig	ginal File	d (Month	/Day/Ye		Line	) K Form	r Joint/Gro	ne Re	porting P	erson	
(City)	(St	ate) (2	Zip)										1 0100					
		Table	I - Non-Deriva	ative Secu	rities	s Acc	quire	d, Dis	posed	of, o	Benefi	icial	lly Own	ed				
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			osed 5. Amou Securiti Benefici Owned		ies Own cially Forn		nership Indi n: Direct Ben		Nature of irect		
							Amour	t	(A) or (D) Pr			Issuer's		Indire	(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock 03/30			03/30/2021	G		r	1,000 D		\$0	0 19		7,035		D				
		Tal	ble II - Derivat (e.g., pı	ive Securi uts, calls, v									y Owne	d				
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. Transaction Code (Instr. 8)					ıte	e and 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price Derivat Securit (Instr. 5		ative derivativ		10. Owners Form: Direct (I or Indire (I) (Instr	ership on: Ext (D) Cdirect (I	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Expiration Date		Amour or Number of e Shares	er											

**Explanation of Responses:** 

Remarks:

<u>/s/ Seth L. Kaplan</u> <u>11/09/2021</u>

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).