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 Add	dress of Reporting	2. Date of Event Requiring Stater Month/Day/Yea	ment r)	3. Issuer Name and Ticker or Trading Symbol GRIFFON CORP [ GFF ]						
(Last)	ast) (First) (Middle)			03/01/2005	Relationship of Reporting Pers (Check all applicable)  Director		on(s) to Issu	(/	i. If Amendment, Date of Original Filed Month/Day/Year)	
17 BRENTWOOD DRIVE					X	Officer (give title below)	Other (spe	6	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting	
(Street) NORTH CALDWELL	NJ	07006				Executive Vice Pr	esident		X Person	y More than One
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				1-		ally Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock						0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date Expiration Date Expiration Date Expiration Date Exercisable Date Exercisable Date			ite	.	Title and Amount of Securit Underlying Derivative Securit     4)		4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Expiration Date	n Title		Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

Eric Edelstein 03/03/2005

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (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).