FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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*					2. Issuer Name and Ticker or Trading Symbol GRIFFON CORP [GFF]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Coben Jerome L					GRITTON CORE [GIT]								1	Direc	tor		10% O	vner		
(Last) (First) (Middle) C/O GRIFFON CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 11/14/2024											Officer (give title elow)		Other (s below)	specify		
712 FIFTH AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable							
(Street) NEW YORK NY 10019														Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) (2	Zip)																	
		Table	1 - No	on-Deriva	tive	Secui	rities	Acc	quirec	d, Dis	sposed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				ed (A) or str. 3, 4 an	4 and 5) Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock 11/14/20)24			S		2,052	D	\$76.3	6.34(1)		16,525		D			
	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		tion Date, Trans		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der	rice of ivative curity ctr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares									

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$76.00 to \$76.58, inclusive. The reporting person undertakes to provide Griffon Corporation, any security holder of Griffon Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares disposed of at each price within the range set forth in this footnote.

Remarks:

/s/ Seth L. Kaplan, as attorney-in-fact

11/15/2024

** 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.