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* ALPERT HENRY A | | | | | | 2. Issuer Name and Ticker or Trading Symbol GRIFFON CORP [GFF] | | | | | | | | | | Relationship of Re (Check all applicable) X Director | | | erson(s) to | |
|--|---|---------|----------|---|------|--|--------|----------------------|--|-----------------|--------------------|--|---------------------|--------|--|--|--|--|---|--|
| (Last) | (Fir | , | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2012 | | | | | | | | | | Officer (give title below) | | | Other below | (specify) |
| C/O GRIFFON CORPORATION 712 FIFTH AVENUE, 18TH FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicab ne) | | | | |
| (Street) NEW YO | RK NY | · 1 | 0019 | | | | | | | | | | | | | Form | orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| (City) | (St | ate) (Z | Žip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Da | | | 3. Transact Code (In 8) | action Disposed | | ties Acquired (A I Of (D) (Instr. 3 | | | | | ies cially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | Amount | | A) or D) | Price | F | Reported Transaction(s) Instr. 3 and 4) | | (| | (111541. 4) | | | | |
| Common Stock | | | | 01/31/2012 | | | | A | | 2,500 | | A | \$ <mark>0</mark> (| (1) 16 | | 6,066 | | D | | |
| Common Stock | | | | | | | | | | | | | | | | | 51,400 | | I | By Spartan Petroleum Profit Sharing Plan |
| | 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) | ivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | | emed dion Date, Transa Code n/Day/Year) | | action (Instr. D | | osed) r. 3, 4 | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | ite | Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nstr. | 8. Pr of Deriv Secu (Instr | vative S rity E r. 5) G F | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | n Numb of Title Share | | | | | | | | |

Explanation of Responses:

1. Restricted stock grant under Company's 2011 Equity Incentive Plan. The stock will vest in three (3) equal annual installments beginning on January 31, 2013.

/s/ Seth L. Kaplan, as attorneyin-fact 02/01/2012

** 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.