#### Edgar Filing: GREIF INC - Form 4

GREIF INC Form 4 November 0	9 2016								
FORM	Л							OMB AI	PPROVAL
	UNITED STAT			ND EXC D.C. 2054		IGE C	COMMISSION	OMB Number:	3235-0287
Check th if no long	aer.		C IN D		<b>T A T</b>	OW		Expires:	January 31, 2005
subject to Section 1 Form 4 o Form 5 obligatio may cont See Instru 1(b).	6. r Filed pursuant to ns section 17(a) of th	SE Section 16(a)	of the Holdi	TIES Securitie ng Comp	es Ex bany	chang Act of	e Act of 1934, 1935 or Section	Estimated a burden hou response	average
(Print or Type I	Responses)								
	address of Reporting Person <u>*</u> RA JOHN W	2. Issuer Nan Symbol GREIF INC			rading	ţ	5. Relationship of Issuer	Reporting Pers	
(Last)	(First) (Middle)	3. Date of Earl	liest Tra	nsaction			(Chee	k an applicable	<i>(</i> )
425 WINTE	(Month/Day/Y 08/10/2016					X_ Director10% Owner Officer (give titleOther (specify below)Other (specify			
DELAWAR	(Street) RE, OH 43015	4. If Amendme Filed(Month/Da		e Original			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M Person		rson
(City)	(State) (Zip)	Table I -	Non-De	rivative So	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	any	eemed 3. tion Date, if Tra Co h/Day/Year) (In	ansaction de		es Aco posed	quired of	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•
Class B		Co		7 mount	(D)	\$ 0			See
Common Stock	08/10/2016	C	3	62,418	А	(1) (1)	120,318	Ι	footnote $(1)$
Class B Common Stock							1,000	D	
Class B Common Stock							70,590	I	See footnote (2)
Class A Common Stock							16,737	D	

#### Edgar Filing: GREIF INC - Form 4

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	· ·	Transactio		Expiration Da		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securi		(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
1	Director	10% Owner	Officer	Other	
MCNAMARA JOHN W 425 WINTER ROAD DELAWARE, OH 43015	Х				
<u>~</u> .					

### Signatures

John W. McNamara by Gary R. Martz pursuant to a POA filed with the 11/09/2016 Commission \*\*Signature of Reporting Person

# **Explanation of Responses:**

- 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).
- The reported transaction represents a distribution by a grantor retained annuity trust of which the Reporting Person's mother is the trustee. (1)The shares were distributed into a family trust in which the Reporting Person is the trustee.
- The shares are held in a voting trust of which the Reporting Person is the trustee. The Reporting Person disclaims beneficial ownership of (2)those shares in the voting trust in which the Reporting Person does not have a pecuniary interest.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date