GRIFFIN LAND & NURSERIES INC Form 5 January 15, 2015 F

(City)

| Junuary 15, 2015 | | | | | | |
|--|-----------------------------|---|---|--------------------|------------------------|---|
| FORM 5 | | | | OMB A | PPROVA | L |
| Ī | OMB Number: | 3235- | 0362 | | | |
| Check this box if no longer subject | | Washington, D.C. 20549 | Expires: | Januar | y 31, 2005 | |
| to Section 16. Form 4 or Form 5 obligations may continue. | ANNUAL ST | TATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES | Estimated average burden hours per response | | 1.0 | |
| See Instruction 1(b). | Filed pursuant to | Section 16(a) of the Securities Exchange | ge Act of 1934, | | | |
| Form 3 Holdings S | | Public Utility Holding Company Act o | | ı | | |
| Reported Form 4 | 30(h) |) of the Investment Company Act of 19- | 40 | | | |
| Transactions Reported | | | | | | |
| Reported | | | | | | |
| 1. Name and Address o Cullman Susan | f Reporting Person <u>*</u> | 2. Issuer Name and Ticker or Trading Symbol | Reporting Person(s) to | | | |
| | | GRIFFIN LAND & NURSERIES INC [GRIF] | (Check all applicable) | | | |
| (Last) (Fir | st) (Middle) | 3. Statement for Issuer's Fiscal Year Ended | Director Officer (give t | _X_109 | % Owner er (specify | |
| | | (Month/Day/Year) 11/30/2014 | below) | below) | ci (specify | |
| 641 LEXINGTON | AVENUE | 11,00,2011 | | | | |
| (Stro | eet) | 4. If Amendment, Date Original | 6. Individual or Joi | int/Group Rep | orting | |
| | | Filed(Month/Day/Year) | (check | k applicable line) | | |
| NEW YORK, NY | (Â 10022-4599 | | V. Franz Eiladhar (| | | |

X Form Filed by One Reporting Person Form Filed by More than One Reporting

Person

| (City) | (State) (| Zip) Tabl | e I - Non-Deri | vative Se | curitie | s Acqu | ired, Disposed o | of, or Beneficial | ly Owned |
|--------------------------------------|---|---|---|--|---|--------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Secur Acquire Dispose (Instr. 3, Amount | d (A) of d of (D , 4 and (A) or |)) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common stock | 04/29/2014 | Â | G5 | 4,000 | D | \$0 | 67,439 | D | Â |
| Common stock | 10/28/2014 | Â | G5 | 3,400 | D | \$0 | 64,039 | D | Â |
| Common stock | 10/30/2014 | Â | G5 | 1,202 | D | \$0 | 62,837 | D | Â |

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

(Zin)

(State)

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SEC 2270 (9-02)

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 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. of D S B O E I S F I S F i (I |
|---|---|---|---|---|---------------------|--------------------|-------|--|---|--|
| | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|-------------|---------------|----------------|------------|----------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Cullman Susan 641 LEXINGTON AVEN NEW YORK, NY 1002 | | Â | ÂX | Â | Â | | | |
| Signatures | | | | | | | | |
| /s/Susan Cullman | 01/15/20 |)15 | | | | | | |
| ** Signature of Reporting Person | Date | | | | | | | |
| Explanation of | Resp | onse | es: | | | | | |
| * If the form is filed by more t | than and ra | norting no | roon ooo Instr | nation 1(1 | (\mathbf{x}) | | | |

* 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 provided 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.