FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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).

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-

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(c). Se	ee Instruction	10.																			
1. Name and Address of Reporting Person* KRAMER RONALD J						2. Issuer Name and Ticker or Trading Symbol GRIFFON CORP GFF									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KKAW										1	Direc	tor	10% O		wner						
(Last)	(Fi		Date of Earliest Transaction (Month/Day/Year)							_	√	Officer (give title below)			Other (s	·					
C/O GRI	FFON CO	RPORATION	10/16/2024								Chairman of the Board and CEO										
712 FIFT																					
	712 FIFTH AVENUE, 18TH FLOOR 4. If Amendment, Date of										ed (Month/Da	y/Year)	6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)									_				ļι	ine)	_				.		
NEW YO	ORK N	Y 1	0019											Form filed by One Reporting Person							
														Form filed by More than One Reporting Person							
(City)	(St	cate) (Zip)																		
		Table	1 - No	on-Deriva	tive \$	Secui	rities	Acc	quirec	d, Dis	sposed of	, or B	enefic	ially	Own	ed					
				Date	ate Month/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			nnd 5) Securities Beneficially Owned Following		ties 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			ted action(s) 3 and 4)			(Instr. 4)		
Common Stock 10/16/2					024)24			S		6,532	D	\$70.	06(1)	2,1	69,667		D			
Common Stock													5,018				By ESOP				
Common Stock															40,298			₁	By Spouse and Children		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
											convertib					-					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation D h/Day/			nt of ities lying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [1]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code		v	(A)	(D)	Date Exercisable		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 \$70.00 to \$70.18, 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

10/18/2024

** 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.