FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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).

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* KUMAR HARI K | | | | | | 2. Issuer Name and Ticker or Trading Symbol GREIF INC [GEF,GEF.B] | | | | | | | | | | | olicable) | g Person(s) to | Issuer Owner | | |
|--|--|--|---------------|--------------------------------|----------------------------------|---|--|------------------------|---|---|--------|------------------------------------|---|---|---|--|---|-----------------------|----------------------|--|--|
| (Last) 425 WIN | Last) (First) (Middle) 25 WINTER ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2018 | | | | | | | | | X | Officer (give title below) VP, Div. Pre | | Other (specify below) | | | |
| (Street) DELAWA (City) | | | 13015 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | Forn Forn | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (| | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | , 4 and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | | | |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Class A Common Stock 01/19 | | | | | 9/2018 | /2018 | | | A | | 932 | | A | \$0 | \$ 0 ⁽¹⁾ | | 1,644 | D | | | |
| Class A Common Stock | | | | | | | | | | | | | | | | 1,501.5672 | | I | By 401(k) 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) Month/Day/Year | | ative rities ired sed | Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | ice of vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | | | | | | |

Explanation of Responses:

1. Shares awarded pursuant to the Company's Long Term Incentive Plan. No consideration was paid by the reporting person. Shares are subject to a one year restriction on transfer.

Remarks:

Hari K. Kumar by L. Dennis Hoffman, Jr. pursuant to a POA 01/23/2018 filed with the Commission

** 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.