FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| | 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

| | | | | | 01 0 | JCCIII | 011 30(11) | or tile i | IIVCStilici | iii Coi | ilpully Act | 01 134 | 0 | | | | | | | | |
|--|---|--|--|---------|---|-------------------------|---|---|------------------------------------|--------------------------------------|---------------------|---|---|----------------------|---|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol GREIF INC [GEF,GEF.B] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>HUML DONALD S</u> | | | | | | STEEL HAG [GEI,GEI,D] | | | | | | | | | | Director | | 10% | Owner | | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| 425 WINTER ROAD | | | | | | 01/14/2009 | | | | | | | | | | | Executive ` | VP and CFO | | | |
| (Street) | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| DELAWA | RE OH 4 | | 3015 | | | | | | | | | | | | | Forn | m filed by One Reporting Person | | | | |
| (City) | (St | tate) (Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | porting | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ur) E | Execution f any | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se Be | | ount of ities icially d Following | 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 | | Trans | action(s) 3 and 4) | | (111501.4) | | |
| Class A Common Stock 01/14/2 | | | | | | 2009 | | A | | 16,176 | 5 | A | \$32.03 | | 5 | 3,759 | D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | n Date, | 4. Transa Code (8) | | | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | 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 | Title | or Nu of | ount mber ares | | | | | | | |

Explanation of Responses:

/s/ Donald S. Huml

01/14/2009

** 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.