FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washir

| ngton, D.C. 20549 |  |
|-------------------|--|
|-------------------|--|

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     AVRIL VICKI L  |  |  |   | 2. Issuer Name and Ticker or Trading Symbol GREIF INC [ GEF,GEF,B ] |  |   |        |   |                   |  |                    |                            | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |   |   |                                 |   |  |  |
|--|--|--|---|---|--|---|--------|---|-------------------|--|--------------------|----------------------------|---|---|---|---------------------------------|---|--|--|
| (Last)<br>425 WIN  | (FI  | ,  | (Middle)  |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2015 |        |   |                   |  |                    |                            |   | Officer (give title Other (specification) below)  |   |                                 |   |  |  |
|  |  |  |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |        |   |                   |  |                    |                            |   | 6. Individual or Joint/Group Filing (Check Applicable Line)   |   |                                 |   |  |  |
| (Street) DELAWARE OH 43015                               |  |  |   |   |  |   |        |   |                   |  |                    |                            |   | X Form filed by One Reporting Person  Form filed by More than One Reporting                                       |   |                                 |   |  |  |
| (City)   | (S   | tate)                                      | (Zip)   |   |  |   |        |   |                   |  |                    |                            |   | Perso   | n   |                                 |   |  |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |   |   |  |   |        |   |                   |  |                    |                            |   |   |   |                                 |   |  |  |
| 1. Title of Security (Instr. 3)  2. Trans: Date (Month/L |  |  |   |   | Execution Date   |   |        | Code (Instr   |                   |  |                    |                            | Benefic<br>Owned  | es<br>ially<br>Following  | Form  | : Direct<br>Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|  |  |  |   | Code V Amount (A) or (D)  |  |   |        |   |                   |  | r Price            | Transac                    | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |   |   | Instr. 4)                       |   |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |   |  |   |        |   |                   |  |                    |                            |   |   |   |                                 |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/ | ate, T  | Transaction of Code (Instr. Derivative                   |   |        | 6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4) |                   |  |                    | ties<br>ig<br>e Security   | Derivative<br>Security  | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. |                                 | Beneficial<br>Ownership<br>t (Instr. 4)             |  |  |
|  |  |  |   | c   | ode  | v   | (A)    | (D)   | Date<br>Exercisab |  | Expiration<br>Date | Title                      | Amount<br>or<br>Number<br>of<br>Shares  |   |   |                                 |   |  |  |
| Phantom<br>Stock<br>Units<br>(Cash<br>Only<br>Rights)    | \$0.00 <sup>(1)</sup>  | 05/01/2015                                 |   |   | A  |   | 199.34 |   | (2)               |  | (2)                | Class A<br>Common<br>Stock | 199.3   | \$40.76   | 11,727.   | 77                              | D   |  |  |
| Phantom<br>Stock<br>Units<br>(Cash<br>Only               | \$0.00 <sup>(1)</sup>  | 05/01/2015                                 |   |   | A  |   | 98.14  |   | (2)               |  | (2)                | Class A<br>Common<br>Stock | 98.14   | \$40.76   | 11,825.9  | 91                              | D   |  |  |

## **Explanation of Responses:**

- 1. Each phantom stock unit is the economic equivalent of one share of Class A Common Stock of Greif, Inc.
- 2. The phantom shares are to be settled in cash upon the Reporting Person's termination from the Board due to her retirement, death or other reason.

## Remarks:

Vicki A. Avril by Gary R. Martz pursuant to a POA filed 05/04/2015 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.