FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |

37 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

| 1. Name and Address of Reporting Person* $\underline{Edwards\ Bruce\ A}$ | | | | | | | 2. Issuer Name and Ticker or Trading Symbol GREIF INC [GEF,GEF.B] | | | | | | | | | 5. Relationship of Reporting Pe (Check all applicable) X Director | | | | Person(s) to Issuer | |
|--|--|--------------|--|---|------------------------|---|---|--|---|-----------------|--|--------------------|--|----------------|-----------------------|---|---|--|---|---|---------------------------------------|
| (Last) (First) (Middle) 425 WINTER ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2007 | | | | | | | | | | Office below) | r (give title) | | Other (specify below) | | |
| (Street) DELAWA (City) | | OH State) | | .3015 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Table | e I - No | n-Deriv | ative | Se | curiti | es Ac | quired | , Dis | posed o | f, or | Ben | efici | ally O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Exe eay/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | l and 5) Secu Bene | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | | v | Amount | (A (D |) or) | Price | _ т | ransac | ction(s) and 4) | | | (1130.4) |
| Class A Common Stock 02/26/2 | | | | | | | 2007 | | | A | | 402(1) | | A | \$124 | 4.27 | 1,255 | | D | | |
| Class B Common Stock | | | | | | | | | | | | | | | 0(2) | | 0(2) | D | | | |
| | 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. Conversio or Exercise Price of Derivative Security | n Date | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | Date, Transa Code (| | | n of Der Sec Acc (A) Dis of (I | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerci on Da Day/Yo | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | ı | 8. Price Deriva Securi (Instr. ! | tive (ty (5) (| 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) irect | Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

- 1. The shares are subject to restriction until February 27, 2010, or the reporting person's retirement from the Board.
- 2. The reporting person does not own any Greif Class B Common Stock.

Bruce A. Edwards by John K. Dieker pursuant to a POA filed 02/28/2007 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.