FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
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* <u>Ragan Virginia D.</u>						2. Issuer Name and Ticker or Trading Symbol GREIF INC [ GEF, GEF-B ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner				
	STATE S	irst) ΓREET	(Middle)			Date of Earliest Transaction (Month/Day/Year) /29/2011								Offic belo	er (give title w)	9	Other below	(specify )	
SUITE 2100  (Street)  COLUMBUS OH 43215				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		T	able I - N	on-Deriv	ative	Secu	ırities	Ac	quired	l, Dis	sposed o	f, or	Bene	ficia	lly Own	ed			
1. Title of S	Security (Ins	tr. 3)		2. Transac Date (Month/Da		Execution Date,		3. Transaction Code (Instr. 8)				) or 4 and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	( <i>)</i>	() or ()	Price	Transac (Instr. 3	ction(s)			(Instr. 4)
Class A C	ommon St	ock		12/29/	2011				J <sup>(1)</sup>		938		D	\$ <mark>0</mark>		0		T 1	See Footnote <sup>(1)</sup>
Class B C	ommon St	ock		12/29/2011				J <sup>(1)</sup>		2,127,02	6	D	\$0	0		I		See Footnote <sup>(1)</sup>	
Class A C	ommon St	ock													6	,770		D	
Class B C	ommon St	ock													52	5,140			See Footnote <sup>(2)</sup>
Class B C	ommon St	ock													30	0,000		I	As sole trustee for various grantor retained annuity trusts.
Class B C	ommon St	ock													23	3,334		I	As sole trustee for a family trust.
Class B C	ommon St	ock													2,9	59,014		D	
			Table II -								osed of, convertib				Owned				
1. Title of Derivative Security  (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		med on Date,	4. Transac Code (li 8)	ction	5. Number of		6. Date Exerc Expiration Da (Month/Day/Y		isable and te	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Explanation	of Respon	ses:			Code	v	(A) (	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

- 1. The reported shares are owned by a trust. The reporting person was a co-trustee of this trust until December 29, 2011, when a new trustee was appointed to succeed the reporting person and the other cotrustees. As a result, the reporting person is no longer the beneficial owner of the shares owned by this trust.
- 2. The reported shares are owned by a charitable foundation. The reporting person is the president of this charitable foundation and has the authority to vote and make investment decisions with respect to the reported shares.

Virgnia D. Ragan 04/24/2012

\*\* 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.