Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| vvasilington, | D.C. | 20040 |

| wasnington, | D.C. | 20549 |
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| STATEMENT OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|----------------------|---------------|------------------|
| | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response: 0. | | | | | | | | | |

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* Bergwall Timothy | | | | | | 2. Issuer Name and Ticker or Trading Symbol GREIF, INC [GEF,GEF.B] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner W Officer (give title Other (specify | | | | | | | | | | | | | |
|--|--|-----|-------------------------------|---|---|--|-----|--|------------------|--------|--|--------------------|-----------------------------------|--|---|---|--|--|----------------------|
| (Last) 425 WIN | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2021 | | | | | | | | X | below | | t PPS | below) | · | |
| (Street) DELAW | | | 3015 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) X | ′ | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transa Date (Month/D | Execution Date, | | Transaction Disposed (Code (Instr. 5) | | ies Acquired (A) or Of (D) (Instr. 3, 4 a | | | Beneficially Owned Following | | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Class A C | Common St | ock | | 12/20/ | 2021 | | A | | 2,676 | A | 1 | \$0 ⁽¹⁾ | 28,903.55 | | | D | | | |
| Class A Common Stock | | | | | | | | | | | | | | | 1,32 | 24.82 ⁽²⁾ | | I | By 401(k) Plan |
| | | Tal | | | | | | | | | sed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | med on Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. De Se (Ir | Price of erivative ecurity 1str. 5) | | Owne Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

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.
- 2. Includes 161.98 shares acquired pursuant to dividend reinvestment under Greif's 401(k) plan since the date of the reporting person's last ownership report.

Remarks:

Timothy Bergwall by Gary R. Martz pursuant to a POA filed 12/21/2021 with the Commission.

** Signature of Reporting Person

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.