FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHA	NGES IN BENEFIC	IAL OWNERSHIP

l	OMB APPF	ROVAL						
	OMB Number:	3235-0287						
Estimated average burden								
l	hours por rosponso:	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* DEMPSEY MICHAEL H					2. Issuer Name and Ticker or Trading Symbol GREIF INC [GEF,GEF,B]								5. Relationship of Repor (Check all applicable) X Director				rson(s) to I		
(Last) (First) (Middle) 425 WINTER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 01/09/2007									Offic belov	er (give title v)	9	Other below	(specify)		
(Street) DELAWARE (City)	E OH		13015 Zip)		4. If <i>F</i>	Ameno	lment, Date	of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans			2. Transact Date (Month/Day	Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	4. Securities Acquired (A)			and Secur Benef Owne		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) oi (D)	Pric	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class B Common Stock 0				01/09/2	/09/2007					185	D	\$0.	00(1)	106,070				See footnote. ⁽²⁾	
Class A Common Stock													1,7	^{'27⁽³⁾}		D			
Class B Common Stock													507	7,065		D			
Class A Common Stock														2,	349			See footnote. ⁽⁴⁾	
Class B Common Stock												5,375,904		75,904	I		See footnote. ⁽⁴⁾		
Class B Common Stock													1,012		012			See footnote. ⁽⁵⁾	
		Та	ble II -	Derivati (e.g., pu						osed of, convertib				wned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year)			on Date,		ransaction of ode (Instr. Derivative		Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Price of rivative curity str. 5)	ivative derivative urity Securities	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership t (Instr. 4)		
					Code	v	(A) (D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares							

Explanation of Responses:

- 1. Disposition by the Naomi C. Dempsey Charitable Lead Annuity Trust.
- 2. Michael H. Dempsey is the Trustee of the Naomi C. Dempsey Charitable Lead Annuity Trust.
- 3. 853 shares are subject to restrictions on transfer.
- 4. Michael H. Dempsey is the Trustee of the Naomi C. Dempsey Trust.
- 5. These shares are held in a trust for the reporting person's son. The reporting person's spouse is the trustee of the trust. The reporting person disclaims beneficial ownership of these securities and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for the purpose of Section 16 or for any other purpose.

Michael H. Dempsey by John 01/10/2007 K. Dieker pursuant to a POA filed 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.