FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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1. Name and Address of Reporting Person* Andre Kenneth B III					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				
(Last) (First) (Middle) 425 WINTER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/12/2011								X Offic below	cer (give title Other		(specify	
(Street) DELAWARE OH 43015 (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Noi	n-Deriv	ative :	Secu	rities Ac	quired,	Dis	posed o	f, or l	Bene	ficial	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Exe	Deemed cution Date, ny nth/Day/Yea	Code	Transaction Disposed Code (Instr. 5)			ties Acquired (A) I Of (D) (Instr. 3, 4		Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (D) or)	Price	Trans	action(s) 3 and 4)		(111501.4)	
Class A Common Stock 12/12/					2/2011			A		2,092 A		A	\$0.00	10,641		D		
		Та					ies Acqu varrants,							Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	vercise (Month/Day/Year) if ar e of vative (Mo		Date,	4. Transac Code (In 8)	action of		6. Date E Expiratio (Month/E	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			I	- 1				I	- 1		1	I Am	ont		1		1	

Date Exercisable

Expiration

Explanation of Responses:

1. Shares awarded pursuant to the company's long term incentive plan. No consideration was paid by the reporting person.

/s/ Kenneth B. Andre III 12/12/2011

** Signature of Reporting Person Date

Number

of Shares

Title

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).

Code

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.

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