Edgar Filing: GRIFFIN LAND & NURSERIES INC - Form 4

GRIFFIN L Form 4 May 15, 20	AND & NURSEF	RIES INC								
								OMB A	PPROVAL	L
FORM	UNITED	STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-0	
Check t if no lor subject Section Form 4	nger STATEN to STATEN 16. or								Expires: Januar Estimated average burden hours per response	
Form 5 obligati may con <i>See</i> Inst 1(b).	ons Section 17(a) of the l	Public U	Itility Hol	ding C		nge Act of 1934, t of 1935 or Secti 1940			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> MAY JONATHAN P			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			GRIFFIN LAND & NURSERIES INC [GRIF]				(Check all applicable)			
(Last) (First) (Middle) 116 EAST 95TH STREET			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2014			X_ Director10% Owner Officer (give titleOther (specify below) below)				
(Street) NEW YORK, NY 10128			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Tab	la I Non I	Dorivati	vo Socuritios /	Acquired, Disposed	of or Bonoficio	lly Ownod	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deema Execution any (Month/Da	ed Date, if	3. Transactic Code	4. Secu onAcquin Dispos (Instr.	rities ed (A) or ed of (D) 3, 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect	of I
Reminder: Re	port on a separate line	for each cl	ass of sect	urities bene	Per info req dis	sons who re ormation con uired to resp	or indirectly. spond to the collect tained in this form ond unless the fo ontly valid OMB co	n are not orm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities I
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquire (A) or Dispose (D) (Instr. 3, and 5)	d of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock Options (right to buy)	\$ 28.12	05/13/2014		A		1,422		05/13/2016	05/12/2024	Common Stock	1,422

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MAY JONATHAN P 116 EAST 95TH STREET NEW YORK, NY 10128	Х							
Signatures								
/s/Ionathan P								

/s/Jonathan P.	
May	05/15/2014
<u>**</u> Signature of Reporting Person	Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.