AVRIL VICKI L Form 4 February 02, 2009

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer

subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \* AVRIL VICKI L

(First) (Middle) (Last)

(Street)

**425 WINTER ROAD** 

DELAWARE, OH 43015

2. Issuer Name and Ticker or Trading

Symbol

GREIF INC [GEF,GEF.B] 3. Date of Earliest Transaction

(Month/Day/Year) 01/01/2009

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

X\_ Director 10% Owner Other (specify Officer (give title below)

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) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5) (A) Transaction(s)

or

5. Amount of Securities Beneficially Owned Following Reported

(Instr. 3 and 4)

6. Ownership Form: Direct (D) or Indirect Beneficial (Instr. 4)

Indirect Ownership (Instr. 4)

(9-02)

7. Nature of

Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion Security or Exercise (Instr. 3) Price of

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if (Month/Day/Year)

5. Number of 4 TransactionDerivative Code Securities (Instr. 8) Acquired (A)

6. Date Exercisable and Expiration Date (Month/Day/Year)

7. Title and Amou Underlying Securi (Instr. 3 and 4)

#### Edgar Filing: AVRIL VICKI L - Form 4

	Derivative Security				or Disposed (D) (Instr. 3, 4, and 5)	of			
			Code	V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Phantom Stock Units (Cash Only Rights)	\$ 33.43	01/01/2009	A		45.53	08/08/1988(1)	08/08/1988(1)	Class A Common Stock	45.
Phantom Stock Units (Cash Only Rights)	\$ 30.26	02/02/2009	A		206.54	08/08/1988 <u>(1)</u>	08/08/1988 <u>(1)</u>	Class A Common Stock	206

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r g	Director	10% Owner	Officer	Other			
AVRIL VICKI L							
425 WINTER ROAD	X						
DELAWARE, OH 43015							

# **Signatures**

Vicki L. Avril by John K. Dieker pursuant to a POA filed with the Commission.

02/02/2009

\*\*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).
- (1) The units are to be settled in cash upon the reporting person's retirement from the Board.

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.

Reporting Owners 2