## Edgar Filing: SL GREEN REALTY CORP - Form 4

| SL GREEN RE<br>Form 4<br>February 12, 20   |  |   |   |   |  |   |  |  |   |  |
|--|--|---|---|---|--|---|--|--|---|--|
| FORM 4   | Л  |   |   |   | OMB APPROVAL                             |   |  |  |   |  |
|  | UNITEDS  | Washington, D.C. 20549  |   |   |  |   |  |  |   |  |
| Check this b<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5 | STATEMI  | TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, |   |   |  |   |  |  | Expires: January 3<br>200<br>Estimated average<br>burden hours per<br>response 0. |  |
| obligations<br>may continu<br><i>See</i> Instructi<br>1(b).                      | e. Section 17(a)   | of the Publi  |   | ing Com   | pany                                     | Act o   | f 1935 or Sectio   | on   |   |  |
| (Print or Type Resp  | ponses)  |   |   |   |  |   |  |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>ATKINS BETSY S               |  |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>SL GREEN REALTY CORP [SLG] |   |  |   | 5. Relationship of Reporting Person(s) to Issuer   |  |   |  |
|  |  |   |   |   | KI [,                                    | SLUJ  | (Check all applicable)   |  |   |  |
| (Last) (First) (Middle)<br>C/O SL GREEN REALTY<br>CORP., 420 LEXINGTON<br>AVENUE |  |   | te of Earliest Tra<br>th/Day/Year)<br>0/2016  | ansaction   |  |   | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)                                       |  |   |  |
|  | (Street) 4. If Amendment, Date Original<br>Filed(Month/Day/Year) |   |   |   |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |  |  |   |  |
| NEW YORK,  | NY 10170   |   |   |   |  |   | Form filed by M<br>Person  | More than One Ro   | eporting  |  |
| (City)   | (State) (Z   | Cip)  | Table I - Non-D   | erivative S   | Securi                                   | ties Ac   | quired, Disposed o   | of, or Beneficial  | lly Owned   |  |
|  | 2. Transaction Date<br>Month/Day/Year)                           |   | Code<br>ear) (Instr. 8)   | 4. Securi<br>onAcquired<br>Disposed<br>(Instr. 3,<br>Amount | l (A) o<br>l of (D<br>4 and<br>(A)<br>or | )   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |   |  |
| Common<br>Stock  | )2/10/2016   |   | A   | 2,725   | A  | \$ 0  | 2,725  | D  |   |  |

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

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 control number.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | Execution any | on Date, if Transaction<br>Code<br>Day/Year) (Instr. 8) |           | 5.<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | Expiration D<br>(Month/Day/<br>e | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |       | le and<br>unt of<br>rlying<br>:ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------|---|-----------|---|----------------------------------|--|-------|--|---|---|
|   |   |   |               |   | Code V    | (A) (D)   | Date<br>Exercisable              | Expiration<br>Date   | Title | Amount<br>or<br>Number<br>of<br>Shares             |   |   |
| Reporting Owners                                    |   |   |               |   |           |   |                                  |  |       |  |   |   |
| Reporti   | ng Owner Na   | me / Address                            |               | Relation  | nships    |   |                                  |  |       |  |   |   |
|   |   | E                                       | Director 1    | 0% Owne   | er Office | r Other   |                                  |  |       |  |   |   |
| 420 LEXI  |   |   | х             |   |           |   |                                  |  |       |  |   |   |
| Signa   | tures   |   |               |   |           |   |                                  |  |       |  |   |   |
| /s/ Betsy<br>attorney-i                             |   | Andrew S. Levine                        | , her         |   |           | 02/12/20  | )16                              |  |       |  |   |   |
| <u>**</u> Signature of Reporting Person             |   |   |               | Date  |           |   |                                  |  |       |  |   |   |

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## **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.