Edgar Filing: BRT REALTY TRUST - Form 4

BRT REALT Form 4										
August 17, 2	Л	статрс	SFCII	DITIFS /	ND FY	CHANCE	COMMISSION	т	APPROVAL	
		SIAILS		shington				OMB Number:	3235-0287	
Check the if no long	Ter.				DENEE	Expires:	January 31, 2005			
subject to Section 1 Form 4 o	F CHAN	IGES IN SECUI	Estimated average burden hours per response 0							
Form 5 obligation may cont See Instru 1(b).	ns Section 17(a	a) of the	Public U	tility Hol	ding Co		nge Act of 1934, of 1935 or Sectio 940	on		
(Print or Type F	Responses)									
1. Name and A GOULD JE	Address of Reporting I	Person [*]	Symbol	r Name an o		-	5. Relationship o Issuer	f Reporting P	erson(s) to	
				EALTY 7		BRIJ	(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 08/13/2015				Director 10% Owner Officer (give title Other (specify below) below) PRESIDENT AND CEO			
GREAT NE	(Street) ECK, NY 11021			endment, D nth/Day/Yea	-	ıl	6. Individual or J Applicable Line) _X_ Form filed by Form filed by I	One Reporting	Person	
(City)		(7 in)					Person			
		(Zip)					cquired, Disposed o		•	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	Code (Instr. 8)	on(A) or Di (D)	sposed of	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 of Indirect Beneficial Ownership (Instr. 4)	
Shares of beneficial							341,496	D		
interest							541,490	D		
Shares of beneficial interest							23,469	I	By Gould Shenfeld Family Foundation (1)	
Shares of beneficial interest							73,055	I	As custodian (2)	

Edgar Filing: BRT REALTY TRUST - Form 4

Shares of beneficial interest						33,259	I	By Gould Family Trust <u>(3)</u>
Shares of beneficial Interest	08/13/2015	Р	1,000	A	\$ 6.9	2,888,575.77	I	By Gould Investors L.P. <u>(4)</u>
Shares of beneficial Interest	08/13/2015	Р	100	А	\$ 6.85	2,888,675.77	I	By Gould Investors L.P. <u>(4)</u>

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	of	Expiration D (Month/Day/ e	Date Exercisable and piration Date Ionth/Day/Year)		e and int of :lying ities 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GOULD JEFFREY 60 CUTTER MILL ROAD, SUITE 303 GREAT NECK, NY 11021			PRESIDENT AND CEO				
Signatures							
Jeffrey A. Gould, by David Kalish, his atto in fact	rney	08/17/20	15				
**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) Reporting person is a director of the Gould Shenfeld Family Foundation.
- (2) Reporting person holds these shares as custodian for his children. Reporting person disclaims any beneficial interest in these shares.
- (3) Reporting person is a trustee of the Gould Family Trust, which owns these shares.

Reporting person is an officer of managing general partner of Gould Investors L.P. Reporting person also holds limited partnership units(4) in Gould Investors L.P. These shares represent all shares of issuer owned by Gould Investors L.P. Includes shares obtained through issuer's dividend reinvestment plan.

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.