FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 Estimated average burden hours per response: 0.5

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

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

					or s	Sectio	n 30(h) (	of the	Investment C	Company A	ct o	f 1940							
1. Name and Address of Reporting Person* HOLLIDAY MARC													5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HULLI	DAI MI	<u>inc</u>										-		X	Directo	or		10% Ow	/ner
(Last)	(Fi	rst)	(Middle)		3. 🖸	Date of	f Earliest	Trans	saction (Mon	th/Day/Yea	ar)		$\dashv$	X	Officer below)	(give title		Other (s below)	pecify
C/O SL GREEN REALTY CORP.					01/	01/18/2017								Chief Executive Officer					
	INGTON A																		
		IVEIVOE				f Amei	ndment	Date (	of Original Fi	led (Month	/Dav	v/Year)	6	Individ	dual or .	loint/Group	Filing	(Check An	nlicable
(Street)					7. "	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
NEW YORK NY 10170														X Form filed by One Reporting Person					
,															Form f		e thar	One Repo	ting
(City)	(S	tate)	(Zip)												Person	ı			
		Tab	le I - Nor	n-Deriv	ative	Sec	curities	s Ac	quired, D	isposed	l of	, or Be	neficia	lly C	wnec	I			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar) E	A. Deem execution any Month/Da	Date,	Transaction Dispose Code (Instr. 5)			es Acquire Of (D) (Ins		4 and Securit Benefic Owned		ies For cially (D) Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
								Code V	Amou	nt	t (A) or (D)		1	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
		Т							uired, Dis , options	•	•			y Ov	vned	·			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (1 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable	Expiratio Date		Title	Amount or Number of Shares						
Stock	(1)	01/18/2017			A		6,956	$\Box$	(2)	(2)	(	Common	6,956		\$ <del>0</del>	53,722	$\neg$	D	

## **Explanation of Responses:**

- 1. Each stock unit was granted pursuant to a deferred compensation agreement, dated February 10, 2016, entered into between the reporting person and the Issuer (the "Deferred Compensation Agreement") and represents a contingent right to receive the value of one share of common stock of the Issuer (the "Deferred Compensation Amount").
- 2. The stock units will vest on January 17, 2018, subject to the reporting person's continued employment through such vesting date. The Deferred Compensation Amount will be delivered to the reporting person no later than 30 days following the earliest of (i) the reporting person's death, (ii) the date of the reporting person's separation from service with the Issuer, and (iii) the effective date of a Change-in-Control (as defined in the Deferred Compensation Agreement).

/s/ Marc Holliday 01/20/2017

\*\* Signature of Reporting Person Date

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).

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.