FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | ON |

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* LEVY JOHN S | | | | | | 2. Issuer Name and Ticker or Trading Symbol SL GREEN REALTY CORP [SLG] | | | | | | | | | ationship k all appli Directo | cable) | ng Person(s) to Issuer 10% Owner | | |
|---|---|--|---|---------|------------------------------|---|---------|---|---|--|------------------|---|--|---------------------------------|--|---|---|--|--|
| (Last) | , | irst) EALTY CORP. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2013 Officer (give title below) below) Other (specify below) | | | | | | | | | | | | specify | |
| 420 LEXINGTON AVENUE | | | | 4.1 | f Ame | ndment, | Date o | of Original | Filed | (Month/Da | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) NEW YORK NY 10170 | | | | | _ | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | vative | e Se | curitie | s Ac | quired, | Dis | osed o | of, or B | enefic | ially | Owned | t | | | |
| Common Stock 03/ | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr.) 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Securit Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | Prio | e | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| | | | 03/1 | | | | | М | | 6,000 |) A | \$33.45 | 3.45 | 21 | ,827 | D | D | | |
| | | | 03/1 | 1/2013 | /2013 | | | S | | 6,000 |) D | \$8 | 5.14 | 15 | 15,827 | | D | | |
| | | 7 | able II - | | | | | | uired, D , option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemd Execution if any (Month/Da | Date, | 4. Transa Code (8) | | n of E | | . Date Exercisal Expiration Date Month/Day/Year | | | Amount Securitie Underlyi Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Stock Option | \$33.45 | 03/11/2013 | | | M | | 6,000 | | 05/07/2003 | 3 0 | 5/07/2013 | Common Stock | 6,00 | 0 | \$0 | 0 | | D | |

Explanation of Responses:

/s/ Andrew S. Levine, his attorney-in-fact

03/12/2013

** Signature of Reporting Person

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.