FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	IB APPROVAL							
OMB Number:	3235-028							

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## 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

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1. Name and Address of Reporting Person*  GREEN STEPHEN L						2. Issuer Name and Ticker or Trading Symbol SL GREEN REALTY CORP [ SLG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GREEI	VOILFII	<u>LEIN L</u>													X Directo	or	10% (	wner		
			(Middle)		·									-		(give title		(specify		
(Last)	`	,		3. Date of Earliest Transaction (Month/Day/Year) 01/01/2014									below) below)  Chairman							
C/O SL GREEN REALTY CORP.							01/01/2014									Chaminan				
420 LEX	INGTON A	AVENUE																		
					4. 11	f Ame	endment,	Date	of Original	Filed	d (Month/D	ay/Year)				Joint/Group	Filing (Check A	pplicable		
(Street)														Line	,	C				
NEW YO	ORK N	Y	10170													•	Reporting Pers			
					-										Form Perso		than One Rep	orting		
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ative	Se	curities	s Ac	auired.	Dis	nosed (	of. or B	ene	ficial	ly Owner	<u> </u>				
						_					-	-					C O	7 Notono		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar) l	2A. Deemed Execution Date if any (Month/Day/Ye		Code		Dispose	rities Acquired (A) ed Of (D) (Instr. 3,			Benefic Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V Amount		(A) (D)	or	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
		Т	able II - I								osed of converti				Owned					
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/Day	Date,		saction of Derivativ Securitie (A) or Disposec of (D) (Instr. 3, and 5)		tive ties ed sed	6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or No	umber						
Stock	(1)	01/01/2014			A		1,633		(2)		(2)	Commo	n 1	.633	\$0	11,081	D			

## **Explanation of Responses:**

- 1. Each Stock Unit was granted pursuant to a deferred compensation agreement, dated December 24, 2010, 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 vest on December 31, 2014, 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).

<u>/s/ Stephen L. Green</u> <u>01/03/2014</u>

\*\* 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.