FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number:

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                             | Sectio  | n 30(h)  | of thè | Ínvestment   | Com    | pany Act         | of 1940  |  |   |  |                |  |   |
|---|---|--|---|---------|--------------------------------|---|--|--------|--|--------|------------------|--|--|---|--|----------------|--|---|
| 1. Name and Address of Reporting Person*  BURTON EDWIN T III  |   |  |   |         |                                | 2. Issuer Name <b>and</b> Ticker or Trading Symbol SL GREEN REALTY CORP [ SLG ] |  |        |  |        |                  |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |                |  |   |
| DORT  | <u> </u>  | 111 1 111                                  |   |         |                                |   |  |        |  |        |                  |  |  | X Direc   | or   |                | 10% O  | wner  |
| (Last)  |   |  |   |         |                                | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2011                     |  |        |  |        |                  |  |  | Officer (give title Other (spec<br>below) below)                        |  |                | specify  |   |
| C/O SL GREEN REALTY CORP.                                     |   |  |   |         |                                |   |  |        |  |        |                  |  |  |   |  |                |  |   |
| 420 LEXINGTON AVENUE  |   |  |   |         |                                | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |  |        |  |        |                  |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)             |  |                |  |   |
| (Street)  |   |  |   |         |                                |   |  |        |  |        |                  |  | X Form filed by One Reporting Person   |   |  |                |  |   |
| NEW YORK NY 10170   |   |  |   |         |                                |   |  |        |  |        |                  | Form filed by More than One Reporting  |  |   |  |                |  |   |
|   |   |  |   | -       |                                |   |  |        |  |        |                  |  | Perso                                  |   | ie iia   | п опе керс     | rung   |   |
| (City)  | (S  | tate)                                      | (Zip)   |         |                                |   |  |        |  |        |                  |  |  |   |  |                |  |   |
|   |   | Tab  | le I - Nor                                    | n-Deriv | /ative                         | Sec   | curities   | s Ac   | quired, I  | Disp   | osed c           | of, or Be  | neficia                                | lly Owne  | d  |                |  |   |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |   |         |                                | ar) E   | A. Deemed<br>execution Date,<br>any<br>Month/Day/Yea |        | Transaction Code (Instr. 5                                     |        |                  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5)                                 |  | Benefic<br>Owned  | ies<br>:ially<br>Following   | Forr<br>(D) (  | wnership<br>n: Direct<br>or Indirect<br>nstr. 4)                         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |   |         |                                |   |  | Code   | v  | Amount | (A) o<br>(D)     | Price  |  | ansaction(s)<br>astr. 3 and 4)  |  |                |  |   |
|   |   | Т  |   |         |                                |   |  |        | uired, Di<br>s, option   |        |                  |  |  | / Owned   |  |                |  |   |
| 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<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transactic<br>Code (Inst |   |  |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        |                  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                     | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | e<br>s<br>Illy | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |
|   |   |  |   |         | Code                           | v   | (A)  | (D)    | Date<br>Exercisable  |        | kpiration<br>ate | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |                |  |   |
| Stock<br>Options<br>(Right to<br>Buy)                         | \$67.51   | 01/01/2011                                 |   |         | A                              |   | 6,000  |        | (1)  | 01     | 1/01/2021        | Common<br>Stock  | 6,000                                  | \$0   | 6,000  | )              | D  |   |

## **Explanation of Responses:**

1. This option grant vests immediately.

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

01/05/2011

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.