FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* SUGARMAN JAY			2. Date of Event Requiring Staten (Month/Day/Year 06/21/2017	nent	3. Issuer Name and Ticker or Trading Symbol Safety, Income & Growth, Inc. [SAFE]						
(Last) (First) (Middle) 1114 AVENUE OF THE AMERICAS, 39TH					tionship of Reporting Pers all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
FLOOR					X Officer (give title below)		Other (spe	Applicable Line)		oint/Group Filing (Check	
(Street)					Chairman and CEO			- 1	X Form filed by One Reporting Person		
NEW YORK	NY	10036							Form file Reportin	d by More than One g Person	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct or Indirect (I) (Instr. 5)		cṫ (D) (I				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conv		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivativ Security	ve or Indirec		

Explanation of Responses:

No securities are beneficially owned.

<u>s/ Jay Sugarman</u> <u>06/21/2017</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 5 (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.