

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>SFTY Venture LLC</u> (Last) (First) (Middle) <u>C/O GIC REAL ESTATE, INC.</u> <u>280 PARK AVENUE, 9TH FLOOR</u> (Street) <u>NEW YORK NY 10017</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>06/21/2017</u>	3. Issuer Name and Ticker or Trading Symbol <u>Safety, Income & Growth, Inc. [SFTY]</u>
4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

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 (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.01 per share	2,125,000	D ⁽¹⁾	

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 Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>SFTY Venture LLC</u> (Last) (First) (Middle) <u>C/O GIC REAL ESTATE, INC.</u> <u>280 PARK AVENUE, 9TH FLOOR</u> (Street) <u>NEW YORK NY 10017</u> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>GIC Private Ltd</u> (Last) (First) (Middle) <u>168 ROBINSON ROAD</u> <u>#37-01 CAPITAL TOWER</u> (Street) <u>SINGAPORE U0 068912</u> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>GIC Real Estate Private Ltd</u> (Last) (First) (Middle) <u>C/O GIC PRIVATE LIMITED</u> <u>168 ROBINSON ROAD</u> (Street) <u>#37-01 CAPITAL U0 068912</u>

TOWER		
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
GIC Real Estate, Inc.		
(Last)	(First)	(Middle)
ONE BUSH STREET, SUTIE 1000		
(Street)	94104	
(City)	(State)	(Zip)

Explanation of Responses:

1. 2,125,000 shares are held directly by SFTY Venture LLC. GIC Real Estate, Inc., the investment manager for SFTY Venture LLC, has the power to vote and dispose of such shares. GIC Real Estate, Inc. shares such powers with GIC Real Estate Private Limited and GIC Private Limited. Each of the Reporting Persons disclaims beneficial ownership of these shares, except to the extent of its pecuniary interest therein, if any.

Remarks:

/s/ Jesse Hom, Authorized Signatory, and /s/ Michael Jordan, Authorized Signatory, on behalf of SFTY Venture LLC 06/21/2017

/s/ Lim Chow Kiat, Authorized Signatory, and /s/ Jeffrey Jaensubhakij, Authorized Signatory, on behalf of GIC Private Limited 06/21/2017

/s/ Lim Chow Kiat, Authorized Signatory, and /s/ Jeffrey Jaensubhakij, Authorized Signatory, on behalf of GIC Real Estate Private Limited 06/21/2017

/s/ Andrina Pearson, Authorized Signatory, and /s/ Steven Sinnett, Authorized Signatory, on behalf of GIC Real Estate, Inc. 06/21/2017

** 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 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.