FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| washington, D.C. 203 |
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| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average h | nurden | | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response: 0.5

| 1. Name and Address of Reporting Person* ISTAR INC. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Safety, Income & Growth, Inc. [SAFE] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
|--|-----|------------|----|------------------------------|----------|--|--|--------|---|---|----------|-----------------------|------------|------------------------------------|---|---|---|--|---|--|-------------|
| (Last) 1114 AV FLOOR | | (Firs | , | (Middle) E AMERICAS, 39TH | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2017 | | | | | | | | | | Other (spec below) | | |
| (Street) NEW YO | ORK | NY (Sta | | 10036 Zip) | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Line) X Form filed by One Report Form filed by More than 0 | | | | | | | | | | | orting Pers | on | | |
| (Oily) | | (Ota | | | on-Deriv | /ative | Sec | uritie | s Ac | guired | l, Dis | sposed o | f, or | Ben | efici | ally (| Dwne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | ction | ion 2A. Deemed Execution Date, | | 3. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 | | | | or 5. Am 1 and 5) Secur Bene | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | (<i>A</i> | () or () | Price | | Transa | ansaction(s) estr. 3 and 4) | | | (111341. 4) |
| Common stock, \$0.01 par value per share 12/06/20 | | | | | | 2017 | 017 | | P | | 21,900(1 | .) | A | \$17.855 | | 5 6,561,300 | | | D | | |
| Common stock, \$0.01 par value per share 12/07/20 | | | | | | 2017 | 017 | | P | | 18,890(1 | .) | A | \$17.934 | | 6,561,300 | | | D | | |
| Common stock, \$0.01 par value per share 12/08/2 | | | | | 2017 | .017 | | | P | | 19,962(1 | .) | A | \$17.899 | | 9 6,561,300 | | | D | | |
| | | | Та | ıble II - | | | | | | | | osed of, convertib | | | | | /ned | | | | |
| Derivative Security (Instr. 3) Conversion or Exercise (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) Fice of Derivative Security Execution Date, if any (Month/Day/Year) | | | | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | nt er | | 9. Number of derivative Securities Seneficially Owned Following Reported Transaction (Instr. 4) | O F D O (I | 0. Iwnership orm: iriect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. On December 6-8, 2017, the Reporting Person purchased an aggregate of 60,752 shares of common stock of Safety, Income & Growth Inc. (SAFE) in open market transactions pursuant to a Rule 10b5-1 stock purchase plan adopted by the Reporting Person on November 7, 2017.

iStar Inc., By Geoffrey M Dugan, Secretary

12/08/2017

** 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 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.