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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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: 3235-0287

| l | Estimated average burden | |
|---|--------------------------|-----|
| | 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] | | tionship of Reporting all applicable) Director | on(s) to Issuer 10% Owner | | |
|--|---------|-------|--|---|--|------------------------------|-----------------------|--|
| (Last) (Filst) (Iviluale) | | () | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2017 | | Officer (give title below) | | Other (specify below) | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) NEW YORK | NY | 10036 | | X | Form filed by One F Form filed by More Person | • | ° | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | f (D) (Instr. 3, 4 and 5) Securities Form: Direction (D) or Indi | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|---|------------------------------|---|--|---------------|--|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common stock, \$0.01 par value per share | 08/14/2017 | | Р | | 31,303(1) | A | \$19.359 | 5,625,324 | D | |
| Common stock, \$0.01 par value per share | 08/15/2017 | | Р | | 34,017(1) | A | \$19.262 | 5,625,324 | D | |
| Common stock, \$0.01 par value per share | 08/16/2017 | | Р | | 28,047(1) | A | \$19.417 | 5,625,324 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (0.9.) | | | | | | | | | | | | | | | | |
|--------|---|---|--|---|--|---|-----|-----|--|--------------------|---|--|---|--|----------------------------------|--|
| | 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 7) 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. On August 14-16, 2017, the Reporting Parson purchased an aggregate of 93,367 shares of common stock of Safety, Income and Growth, Inc. (SAFE) in open market transactions pursuant to a Rule 10b5-1 stock purchase plan adopted by the Reporting Person on June 28, 2017.

<u>iStar Inc., By Geoffrey M</u> <u>Dugan, Secretary</u>

08/16/2017

** 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.

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