Edgar Filing: GOULD MATTHEW J - Form 4

| GOULD MA Form 4 | | | | | | | | | | |
|---|---|---|---------------------|--|---------------------------------|---------|------------|--|--|---|
| August 26, 2 | _ | | | | | | | | | |
| FORM | 14 UNITED S | STATES SP | CUR | ITIES A | ND EX | CHAI | NGE | COMMISSIO | NT | APPROVAL |
| Check thi | | JIAILS SI | | hington, | | | NGL V | | Number: | |
| if no long | ter | | TT & NT | TECINI | DENIDE | | | NEDGUID OF | Expires: | January 31, 2005 |
| subject to Section 1 Form 4 or | LENT OF C | | SECUR | | ICIA. | LUW | NERSHIP OF | Estimate burden h response | d average ours per | |
| Form 5 obligation may cont See Instru 1(b). | ns Section 17(a | | olic Uti | lity Hold | ling Con | npany | Act o | ge Act of 1934, f 1935 or Secti 40 | | |
| (Print or Type F | Responses) | | | | | | | | | |
| 1. Name and A GOULD MA | ddress of Reporting F ATTHEW J | Sy | mbol | Name and ALTY T | | | g | 5. Relationship o Issuer | of Reporting F | Person(s) to |
| (Last) | (First) (N | | | Earliest Tr | _ | bitij | | (Che | eck all applica | ble) |
| | R MILL ROAD, S | (M | lonth/Da 3/24/20 | y/Year) | ansaction | | | Director X Officer (gives below) SENIOF | | 0% Owner Other (specify SIDENT |
| | (Street) | | | dment, Da h/Day/Year | - | 1 | | 6. Individual or . Applicable Line) _X_ Form filed by | | Person |
| GREAT NE | CK, NY 11021 | | | | | | | Person | More than One | Reporting |
| (City) | (State) (| (Zip) | Table | I - Non-D | erivative | Securi | ties Ac | quired, Disposed | of, or Benefic | cially Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution D any (Month/Day/ | ate, if | 3. Transactio Code (Instr. 8) Code V | on(A) or D (D) (Instr. 3, | isposed | l of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Shares of Beneficial Interest | | | | | | | | 298,248 <u>(1)</u> | D | |
| Shares of Beneficial Interest | | | | | | | | 20,479 <u>(2)</u> | I | As custodian |
| Shares of Beneficial Interest | | | | | | | | 37,081 <u>(3)</u> | I | By corporation |
| Shares of | | | | | | | | 48,745 <u>(4)</u> | I | By spouse |

Shares of Beneficial Interest

| Shares of Beneficial Interest | | | | | | 33,259 <u>(5)</u> | Ι | By trust |
|-------------------------------------|------------|---|-------|---|------------|----------------------|---|------------------------|
| Shares of Beneficial Interest | | | | | | 1,140 (6) | Ι | By children |
| Shares of Beneficial Interest | | | | | | 23,469 <u>(7)</u> | Ι | By foundation |
| Shares of Beneficial Interest | 08/24/2010 | Р | 1,000 | А | \$ 4.9 | 2,774,565 <u>(8)</u> | Ι | By limited partnership |
| Shares of Beneficial Interest | 08/24/2010 | Р | 1,753 | А | \$ 4.95 | 2,776,318 <u>(8)</u> | Ι | By limited partnership |
| Shares of Beneficial Interest | 08/25/2010 | Р | 100 | А | \$ 4.93 | 2,776,418 <u>(8)</u> | Ι | By limited partnership |
| Shares of Beneficial Interest | 08/25/2010 | Р | 846 | А | \$ 4.95 | 2,777,264 <u>(8)</u> | I | By limited partnership |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| vative rity | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|----------------|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-----------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| OULD MATTHEW J 0 CUTTER MILL ROAD, SUITE 303 REAT NECK, NY 11021 | | | SENIOR VICE PRESIDENT | | | | | |
| ignatures | | | | | | | | |
| Matthew J. Gould by Simeon Brinberg, h | is attorne | у | 08/26/2010 | | | | | |
| ** Signature of Reporting Person | | | Date | | | | | |
| | | | | | | | | |

Explanation of Responses:

- * 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).
- (1) Total includes shares owned by IRA of reporting person and shares owned by money purchase pension plan.
- (2) Reporting person holds these shares as custodian for his children. Reporting person disclaims any beneficial interest in these shares.
- (3) Reporting person is a senior vice president of One Liberty Properties, Inc., the corporation which owns these shares.
- (4) Reporting person disclaims any beneficial interest in these shares.
- (5) These shares are owned by a family trust of which reporting person is a trustee.
- (6) These shares are owned by children of reporting person who reside with reporting person. Reporting person disclaims any beneficial interest in these shares.
- (7) These shares are owned by a charitable foundation of which reporting person is a director.

These shares are owned by Gould Investors L.P. Reporting person is president of the corporate managing general partner of Gould(8) Investors L.P., and he holds limited partnership interests in Gould Investors L.P. These shares represent all shares of issuer owned by Gould Investors L.P.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.