Edgar Filing: BRT REALTY TRUST - Form 4

BRT REALT	Y TRUST											
Form 4												
January 31, 20	800											
FORM	4									PROVAL		
	UNITED	STATES		TIES AN nington, I			IGE C	COMMISSION	OMB Number:	3235-0287		
Check this box				-					Expires:	January 31,		
if no longer subject to STATEMENT OF				F CHANGES IN BENEFICIAL OW					Estimated a	2005 average		
	Section 16. SECU				CURITIES					burden hours per		
Form 4 or Form 5	E'1. J		Casting 10	(-) $ f$ (1) $-$	C	. F	. 1	- A - + - £ 1024	response	0.5		
obligations	· ·						•	e Act of 1934, f 1935 or Sectio	n			
may contir	iue.		of the Inv	•	· ·				11			
See Instruct 1(b).	ction	50(11)	of the my	estment c	Joinpuny	1101	01 17					
-(-).												
(Print or Type Re	esponses)											
		*										
Simon Jonathan H Syr BF				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			Symbol BRT REALTY TRUST [BRT]					155401				
								(Check all applicable)				
(Last)	(First) (N	(iddle)		Earliest Tra	nsaction				100/ Остан			
1020 PARK			(Month/Day/Year) 01/31/2008					_X_ Director 10% Owner Officer (give title Other (specify				
	PARTMENT 10	D	01/31/200	00				below)	below)			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)					Applicable Line)				
								X Form filed by One Reporting Person				
NEW YORK	, NY 10028							Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Table	I New De			• •		e an Danafiaial	les Oenre e d		
				3.			les Acq	uired, Disposed of		•		
1.Title of Security	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if		4. Securi		r	5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(wional/Day/Tear)	any	ion Date, n	TransactionAcquired (A) or Code Disposed of (D)					(D) or	Beneficial		
		(Month	/Day/Year)	(Instr. 8)	• · ·				Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Following Reported				
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Shares of				0000 1	ount	(2)	1.100					
Beneficial	01/31/2008			А	1,500	А	\$0	3,750 <u>(1)</u>	D			
Interest												

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)

1. Title of Derivativ Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	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		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
Simon Jonathan H 1020 PARK AVENUE APARTMENT 10D NEW YORK, NY 10028	Х							
Signatures								
Jonathan H. Simon	01/31/2008							
**Signature of	Date							

Reporting Person 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) The 1,500 shares were awarded to reporting person under the 2003 Incentive Plan. The shares vest January 30, 2013. The award is exempt from Section 16(b) under Rule 16(b)-3.

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.