FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

	OMB APPI	OMB APPROVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
- 1	haura nar raananaa.	٥٦							

Section obligat	this box if no long 16. Form 4 or ions may continution 1(b).		STAT		d pursuan	t to Section	on 16(a)	of the Se	curiti	es Exchanç npany Act o	ge Ac	of 193		SHIP	Esti	B Number: mated aver rs per respo	•	3235-0287 en 0.5
1. Name and Address of Reporting Person* DREW JOSEPH E			2. Issuer Name and Ticker or Trading Symbol TEJON RANCH CO [TRC]							Check all ap Dire	ip of Report plicable) ctor cer (give title	Ū	10% C					
(Last) P.O. BO	,	rst) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/18/2014							X belo	w) T	below) Sr. Vice President					
(Street) LEBEC (City)	CA (Si		93243 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Appline) X Form filed by One Reporting Person Form filed by More than One Reporting Person				on			
		Tab	le I - Nor	n-Deriv	ative S	ecuritie	es Acc	uired,	Dis	posed o	f, or	Ben	eficia	ally Own	ed			
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 5)				4 and Securities Beneficially Owned Followi		6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount		A) or D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
TEJON R	RANCH CO	. COMMON ST	OCK	08/18	/2014			S		2,000		Α	\$28.	.12	2 72,206)	
		Та	able II - D							sed of, onvertib				y Owned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date	3A. Deeme		4. Transactio			6. Date Expiration				le and		8. Price of Derivative	9. Number		nership m:	11. Nature of Indirect Beneficial

Date Exercisable

Expiration

Explanation of Responses:

/s/ Joseph Drew

Title

08/18/2014

** Signature of Reporting Person

of Shares

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.

(D)