FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| \neg | 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

| 1. Name and Address of Reporting Person* STINE ROBERT A | | | | | | 2. Issuer Name and Ticker or Trading Symbol TEJON RANCH CO [TRC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|---|--|-------|--|--|------------------|---|-----------------------|--------------------|---|------------------------------|---|---|--|---|--|--|
| STINE RUBERT A | | | | | | [[| | | | | | | | X | Direc | ctor | 10% (| Owner | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | Offic belov | , | below | (specify) | |
| P.O. BOX 1000 | | | | | | 12/22/2010 | | | | | | | | President / CEO | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| LEBEC | CA | CA 93243 | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | ed (A) o str. 3, 4 a | nd 5) Securit Benefic | | icially d Following | 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 | | Trans | action(s) 3 and 4) | | (111501.4) | |
| Tejon Ranch Co. Common Stock 12/22/20 | | | | | |)10 | | P ⁽¹⁾ | | 2,512 | A | \$27 | .2426 | 8 | 32,201 | D ⁽²⁾ | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/ | | | Transaction Code (Instr. | | | | Exercion Da /Day/Y | | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Seci (Inst | | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Number of Shares | r | | | | | |

Explanation of Responses:

- 1. Transaction occurred per a 10b5-1 trading plan.
- $2.\ These\ shares\ are\ in\ the\ name\ of\ Robert\ A.\ and\ Betty\ C.\ Stine,\ as\ trustees\ for\ the\ Stine\ Family\ Trust.$

<u>/s/Robert A. Stine</u> <u>12/22/2010</u>

** 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.