## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5
	OMB Number: Estimated average burd

Check this box if no longer subject to 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*  TOWERVIEW LLC				2. Issuer Name <b>and</b> Ticker or Trading Symbol TEJON RANCH CO [ TRC ]										heck a		o of Reportine dicable) tor	g Pers	. ,	) to Issuer 0% Owner	
(Last) 460 PAR	(Fii K AVENUI	,	Middle)			tte of Earliest Transaction (Month/Day/Year) 4/2015									Officer (give title below)		Other below		(specify	
(Street)  NEW YORK NY 10022  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individue)	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tabl	le I - No	n-Deriva	ative S	Sec	uritie	s Acc	uired,	Dis	posed o	f, or	Bene	eficia	lly C	wne	ed			
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu Bend Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v			A) or D)	Price	Report Trans (Instr.		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 06,				06/04/	/2015				P		12,585	5	Α	\$24	524.7		2,619,426		D	
Common Stock 06/04/2				2015				P		500		Α	\$24.	4.69 2,		19,926	D			
Common Stock 06/05/20					2015	.5			P		704 A \$		\$24	.7	2,620,630		D			
		Та									sed of, onvertib				Ow	ned				
Derivative Conversion Date Executi Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/D	n Date, Transaction Code (Ins			on of		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)	
					Code \	<i>,</i>	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Shar							
	d Address of RVIEW I	Reporting Person*	,		,		•			,			,					•		

1. Name and Address of Reporting Person*  TOWERVIEW LLC									
(Last)	(First)	(Middle)							
460 PARK AVENUE									
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>TISCH DANIEL R</u>									
(Last)	(First)	(Middle)							
460 PARK AVENUE									
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							

## Explanation of Responses:

## Remarks:

1. In addition to the Shares reported on this Form 4, Daniel R. Tisch owns 24,774 Shares of Common Stock of the Issuer and DT Four Partners LLC owns 717,172 Shares of Common Stock of the Issuer. Daniel R. Tisch, TowerView LLC and DT Four Partners LLC also respectively own 411, 384,046 and 105,393 Warrants to purchase the Issuer's Common Stock at \$40 per share which expire on August 16, 2016. Daniel R. Tisch is General Member of both TowerView LLC and DT Four Partners LLC and may be deemed to have a pecuniary interest in securities owned by them.

Daniel R. Tisch

06/05/2015

\*\* 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.