| KALISH DAVID |
|-----------------------------------|
| Form 4/A |
| Revision No.: 2020-11 for 2-25-15 |

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

Client Reference Number:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

| | Soction 1 | (a) of the fablic C | thirty from any company r | 100 01 1555 01 | bootion bo(ii) of the investi | none company rice of | 1510 | | |
|--|---------------|--------------------------------|---|-------------------------------|-------------------------------|---|------------------|------|----------------------|
| 1. Name and Address of Reporting KALISH DAVID | | 2. Issuer ONE LIBERTY PROPE | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| (Last) (First) (Middle) 60 CUTTER MILL RD STE 303 | 3 | 3. Date of Earliest Transa | ☐ Director ☐ Officer (give Senior Vice Presi | - | _ | % Owner ner (specify below) | | | |
| (Street) GREAT NECK, NEW YORK 11021 (City) (State) (Zip) | | | 4. If Amendment, Date O | riginal Filed (01/07/2016 | . 5. | 6. Individual or Join Form filed by O Form filed by M | ne Reporting Per | rson | - |
| | Tab | le I - Non-Der | ivative Securities | Acquired, | Disposed of, or Ben | eficially Owned | | | |
| 1 Title of Counity | 2 Transaction | 24 Doomad | 2 Transaction Code | 1 Cocumition | Acquired (A) on | E Amount of | 6 Ournarchin | - | 7 Noture of Indirect |

| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Yea r) | Execution Date, | | tion Code | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | Securities Form: Direct (D) or Indirect (I) | | |
|--------------------------------|---------------------------------------|-----------------|--------------------------------|-----------|---|--|--|----------------------------|---|--|--|
| | | r) | Code V Amount (A) or (D) Price | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Stock | 02/25/2015 | | G | | 300 | D | | 117,311 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/ Year) | 4. Trans Code (Instr. 8 | | 5. Num Derival Securit Acquire or Disp of (D) (Instr. and 5) | tive ties ed (A) oosed | Expiration | Exercisable and Expiration Date Month/Day/Year) | | ing | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported | Ownership Form of | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|---|-------------------------------|---|---|---------------------------------|-------------------------|---|---|-------------------------------------|---|--|----------------------|--|
| | | | Code | V | (A) | | Date Exercisab le | Expiratio n Date | 1 | Amount or Number of Shares | | | | |

| Remarks: | |
|---------------------------------|------------|
| /s/ David Kalish | 11/16/2020 |
| **Signature of Reporting Person | Date |

Explanation of Responses:

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.

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.

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.