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COHEN & STEERS TOTAL RETURN REALTY FUND INC

Form 4 July 14, 2017

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 (Print or Type Responses)												
1. Name and Address of Reporting Person * COHEN BONNIE	2. Issuer Name and Ticker or Trading Symbol COHEN & STEERS TOTAL RETURN REALTY FUND INC [RFI] 3. Date of Earliest Transaction	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) — Director 10% Owner Officer (give title Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person Form filed by More than One Reporting Person										
280 PARK AVENUE (Street) NEW YORK, NY 10017	(Month/Day/Year) 07/12/2017 4. If Amendment, Date Original Filed(Month/Day/Year)											
(Cita) (State) (Tip)												
1.Title of 2. Transaction Date 2A. Dee Security (Month/Day/Year) Execution (Instr. 3) Execution any		uired, Disposed of, or Beneficially Owned 5. Amount of 6. 7. Nature of Securities Ownership Indirect Beneficially Form: Beneficial Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)										
Common Stock, par value 07/12/2017 \$0.001 per share	S 4 D \$ 12.48.	5 0 D										
Common Stock, par value 07/12/2017 \$0.001 per share	S 1 D \$ 12.4823	by Charitable Trust (1)										

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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.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

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

 Title of 	2.	3. Transaction Date	e 3A. Deemed 4. 5. 6. Date Exercisable an		cisable and	7. Title and		8. Price of	9		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if TransactionNumber Expiration Date		ate	Amount of		Derivative	J		
Security	or Exercise		any Code of (Month/Day/Year)		Year)	Underlying		Security	,		
(Instr. 3)	Price of		(Month/Day/Year)	ny/Year) (Instr. 8) Derivative				Securi	ties	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

COHEN BONNIE 280 PARK AVENUE NEW YORK, NY 10017

Signatures

Francis C. Poli, Power-of-Attorney

07/14/2017 Date

**Signature of 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).
- The reporting person disclaims beneficial ownership of the securities in the H. Rubenstein Charitable Trust account, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.

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