| Maginnis Ger Form 5 | | | | | | | | | | |
|--|---|--|---|--|------------|---|--|-------------|--|--|
| February 12, FORM | | | | | | | OMB A | PPROVAL | | |
| | - | STATES SEC | URITIES AN | D EXCHA | ANGE C | OMMISSION | OMB | 3235-0362 | | |
| Check this | box if | | Vashington, D | | | | Number: Expires: | January 31, | | |
| 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 Form 3 Holdings Form 4 Holdings Section 17(a) of the Public Utility Holding Company Act of 1 Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions Reported | | | | | | EFICIAL Estimated average burden hours per response 1.0 e Act of 1934, 1935 or Section | | | | |
| Maginnis Gerald J. | | | 2. Issuer Name and Ticker or Trading Symbol COHEN & STEERS TOTAL RETURN REALTY FUND INC [RFI] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) | (First) (N | (Mon | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) | | | Officer (give title Other (specify below) below) | | | | |
| 280 PARK A FLOOR | AVENUE, 10T | | 1/2017 | | | | | | | |
| | | | mendment, Date Original 6. Individual or Joint/Group Reporting Aonth/Day/Year) (check applicable line) | | | | | - | | |
| NEW YORK | K, NY 10017 | | | | | _X_ Form Filed by (Form Filed by N Person | One Reporting P | erson | | |
| (City) | (State) | (Zip) T | able I - Non-Der | ivative Secu | rities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Ye | Code | 4. Securitie (A) or Disp (D) (Instr. 3, 4 | posed of | Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock, par value \$0.001 per share | 12/31/2017 | Â | A | <u>(1)</u> | A \$0 | 1,353.983 | D | Â | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless

(9-02)

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the form displays a currently valid OMB control number.

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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying iities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. O B O E I S G I S (I |
|---|---|---|---|---|---|---------------------|--------------------|-----------------------|--|---|---|
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Maginnis Gerald J. 280 PARK AVENUE 10TH FLOOR NEW YORK, NY 10017 | Â | Â | Â | Â | | |
| Signatures | | | | | | |
| Francis C. Poli, Attorney-in-Fact | 02/12/2018 | | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | |

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).

(1) Shares were acquired through dividend reinvestments at various prices at fair market value throughout the 2017 reporting year.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.