FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

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 [*] MADDEN MICHAEL D | | | | | 2. Issuer Name and Ticker or Trading Symbol STRATUS PROPERTIES INC [STRS] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|-------------------------|---------|---|--|---|---|---|---|---|--|--|--|--|---|--|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | Direc | | | Owner | |
| (Last) | (Last) (First) (Middle) | | /liddle) | 09/01/2013 | | | | | | | Offic belo | er (give title w) | Othe below | r (specify v) | |
| 750 LEXINGTON AVENUE SUITE 1501 | | | 4. lf <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| | | | | - | | | | | | X | | n filed by One | e Reporting Pe | rson | |
| (Street) NEW YC | ORK NY | Z 1 | 0022 | | | | | | | | Form Pers | • | re than One Re | porting | |
| (City) | (Sta | ate) (Z | /ip) | - | | | | | | | | | | | |
| | | Tabl | e I - Non-Deri | vative | Securities Acq | uired, I | Disp | osed of, | or Bene | eficially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | ficially d | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| 1. Title of \$ | Security (insi | r. 3) | Date | | Execution Date, if any | Transac Code (In | | Disposed | | | Secur Benef Owne | ities ficially d | Form: Direct (D) or Indirect (I) | of Indirect Beneficial Ownership | |
| 1. Title of \$ | Security (insi | r. 3) | Date | | Execution Date, if any | Transac Code (In | | Disposed | | | Secur Benef Owne Follor Repor | ities ficially d wing | Form: Direct (D) or | of Indirect Beneficial | |
| 1. Title of s | | r. 3) | Date | ay/Year) | Execution Date, if any | Transact Code (In 8) | istr. | Disposed and 5) | Of (D) (Ins | tr. 3, 4 | Secur Benef Owne Follor Repor Trans (Instr. | ities ficially d wing rted action(s) | Form: Direct (D) or Indirect (I) | of Indirect Beneficial Ownership | |
| | | · | Date (Month/D 09/01, ble II - Deriva | ay/Year) 2013 tive Se | Execution Date, if any (Month/Day/Year) | Transac Code (In 8) Code A ⁽²⁾ red, Dis | v v spos | Disposed and 5) Amount 2,000 sed of, or | Of (D) (Inst (A) or (D) A r Benefi | tr. 3, 4 Price \$0 cially (| Secur Benef Owne Follov Trans (Instr. | ities ficially d wing rted action(s) . 3 and 4) 5,000 | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | |
| | | · | Date (Month/D 09/01, ble II - Deriva | ay/Year) 2013 tive Se | Execution Date, if any (Month/Day/Year) | Transac Code (In 8) Code A ⁽²⁾ red, Dis | v v spos | Disposed and 5) Amount 2,000 sed of, or | Of (D) (Inst (A) or (D) A r Benefi | tr. 3, 4 Price \$0 cially (| Secur Benef Owne Follov Trans (Instr. | ities ficially d wing rted action(s) . 3 and 4) 5,000 | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | |

** Signature of Reporting Person Date

Kelly Simoneaux on behalf of Michael D. Madden pursuant

Amount or Number

Shares

of

to a power of attorney

Title

Transaction(s) (Instr. 4)

09/04/2013

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

1. Amount beneficially owned following the reported transaction includes 3,500 Common Stock Restricted Stock Units.

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

Explanation of Responses:

2. Grant of Common Stock Restricted Stock Units.

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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.

of (D) (Instr. 3, 4

Date

Exercisable

Expiration

Date

and 5)

(A) (D)

v