SEC Form 3

FORM 3

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

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 Gendel	Address of Repo Ella	orting Person [*]	2. Date of Event Requiring Stater (Month/Day/Yea	nent	3. Issuer Name and Ticker or Trading Symbol STRATUS PROPERTIES INC [STRS]					
(Last) 300 W. 6TI SUITE 155 (Street) AUSTIN (City)		(Middle) 78701 (Zip)	— 01/11/2017 — _		4. Relationship of Reporting Pe (Check all applicable) X Director Officer (give title below)	Person(s) to Issuer 10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
			Table I - Nor	-Derivat	tive Securities Beneficial	ly Owned				
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	1		I. Nature of Indirect Beneficial Ownership Instr. 5)		
					e Securities Beneficially ants, options, convertible		s)			
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)			te	d 3. Title and Amount of Secu Underlying Derivative Secu 4)		4. Conversion or	Form:	. (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Ella Gendel 01/12/2017

** 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 5 (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.