FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO | OVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | nd Address o | | 2. Issuer Name and Ticker or Trading Symbol MCGRATH RENTCORP [MGRC] | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title | | | 10% Ov | wner | | | |
|---|---|--|--|------------------------------|------------------------------|--|---|--------|---|--------|--|--|--|--|--|--|---|-----------------------------------|---|
| (Last) (First) (Middle) 5700 LAS POSITAS ROAD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/30/2015 | | | | | | | | | | Other (s below) and CFO | | ;респу |
| (Street) LIVERMORE CA 94551 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) <mark>X</mark> F | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (,) | | | | on-Deriv | vative | Sec | uriti | ies Ac | auired | . Di | sposed o | of, or Be | neficia | lly Ov | wner | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | ction | on 2A. Deemed Execution Date, | | | 3. Transac Code (I | ction | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | 5. Amou sand 5) Securiti Benefic Owned | | int of es ially Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tr | | tion(s) and 4) | | | (Instr. 4) |
| Common | Stock | 2015 | 15 | | М | | 3,100 | A | \$29.5 | 6 | 34,462 | | | D | | | | | |
| Common | Stock | 2015 | 015 | | S | | 3,100(1) | D | \$31.01 | 1.0161 | | 31,362 | | D | | | | | |
| | | 7 | able II | | | | | | | | posed of converti | | | y Owi | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | ır) if any | med on Date, Day/Year) | 4. Transa Code (8) | | n of | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price o Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owner: Form: Direct or Indi (I) (Inst | Ownership | Beneficial Ownershi |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Officer Right to | \$29.56 | 10/30/2015 | | | M | | | 3,100 | 01/20/20 | 007 | 01/20/2016 | Common Stock | 3,100 | \$ | 0 | 36,900 | | D | |

Explanation of Responses:

1. Trade executed as part of 10b5-1 Trading Plan. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$30.90 to \$31.45, inclusive. The reporting person undertakes to provide to McGrath RentCorp, any security holder of McGrath RentCorp, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.

Randle Rose, POA for Keith

Pratt

** Signature of Reporting Person

Date

11/03/2015

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

- * 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. 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.