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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 VAN TREASE KRISTINA | | | | | | MCGRATH RENTCORP [MGRC] | | | | | | | | | | eck all applic Directo | cable) r | g Person(s) to Iss 10% Ov Other (s | | vner |
|---|--|--|---|--------|--------|---|---|---------|----------|--------------------------------|------|--|------------------------|--|--|--|--|---|--|--|
| (Last) (First) (Middle) 5700 LAS POSITAS ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2013 | | | | | | | | | | below) | Officer (give title below) Othe below VP & Division Manage | | | :pecity |
| (Street) LIVERMORE CA 94551 | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicabine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | n |
| (City) | (S | tate) | | | | | | | | | | 1 01301 | 1 010011 | | | | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | curi | ties Ac | qu | ired, | Dis | osed o | f, or | r Ben | eficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (I 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | (A) or . 3, 4 and | 5. Amou Securitie Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (iiisti. 4) |
| Common Stock | | | | | | | | | | | | | | | | 12, | 252 | | | By KSOP |
| Common Stock | | | | | | | | | | | | | | | | 2, | 794 | | | Spouses KSOP |
| Spouses Common Stock 11/14/ | | | | | 4/201 | 3 | | | | M | | 27,000 | 0 | A | \$20.7 | 1 32,914 | | | | Spouses Holding |
| Spouses Common Stock 11/14/ | | | | | .4/201 | 3 | | | | F | | 20,025 | | D | \$36.3 | 12,889 | | | | Spouses Holding |
| | | - | Table II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | | | Date Ex piration onth/Da | Date | | of Se Unde Deriv | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Da Ex | ite ercisab | | xpiration ate | Title | | Amount or Number of Shares | | | | | |
| Stock Option | \$20.71 | 11/14/2013 | | | M | | | 27,000 | 02 | 2/25/200 | 9 0 | 2/25/2015 | Com | ouses nmon ock | 27,000 | \$0 | 0 | | I | Spouses Holding |

Explanation of Responses:

Randle F. Rose POA for Kristina Van Trease

** Signature of Reporting Person

11/18/2013

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 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.