FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							

0.5

hours per response:

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

		Reporting Person*			2. Iss	uer N	Name a	ı nd Tick	er or Tra	ding S						p of Reportin	g Person(s) to Is	ssuer
MCGR.	ATH RO	BERT P			MCGRATH RENTCORP [MGRC]							X		,	10% (Owner		
(Last) 5700 LAS	(Fi S POSITAS	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/14/2007							Offic belo	er (give title w)	Other below	(specify)		
(Street) LIVERM (City)		ate) (94551 Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Form filed by One Reporting Person				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/E				ction 2A. Deemed Execution Date,		quired, Disposed of, or Both Stransaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5)		uired (A)	or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount) or Pi	rice		ted action(s) 3 and 4)		(Instr. 4)
Common Stock 03/14				03/14/	2007	2007		S		1,400 D		D	\$29	1,362,390		D		
Common Stock 03/15/200				2007)7		S		19,577 D \$		28.85	1,342,813		D				
Common Stock 03/15/2007							s 2,830 D		\$29	9 1,339,983		D ⁽¹⁾						
		Та									sed of, onvertib				wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	ned n Date,	4. Transact Code (In 8)	tion	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	mber ative rities ired osed		sable and 7. Title and e Amount of		8. P Der Sec (Ins	rice of ivative curity tr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code \	,	(A)		Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er				
	d Address of ATH RO	Reporting Person* BERT P	Mid	-11-2										-,				

MCGRATH ROBERT P								
(Last)	(First)	(Middle)						
5700 LAS POSITAS RD.								
(Street)								
LIVERMORE	CA	94551						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* MCGRATH JOAN M								
(Last)	(First)	(Middle)						
5700 LAS POSITAS ROAD								
(Street)								
LIVERMORE	CA 94551							
(City)	(State) (Zip)							

Explanation of Responses:

1. Held in Trust by Robert and Joan McGrath

/s/ Randle F. Rose for Robert and Joan McGrath

03/15/2007

** Signature of Reporting Person

Date

- * 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.