FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

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

| Name and Address of Reporting Person* HANNA JOSEPH F | | | | | | 2. Issuer Name and Ticker or Trading Symbol MCGRATH RENTCORP [MGRC] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|--|--|--|---|---|----------------|--------|---|-------|--|--|--------------------------------------|----------------------|--|---|------------------------|--|--|--|--|
| | | | | | | | | | | | | | | X | | | 10% Owi | | | | |
| (Last) | (Firs | st) (N | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X | Officer (give title below) | | Other (sp below) | | pecily | | | | |
| 5700 LAS | 08/ | 08/13/2020 | | | | | | | | | President & CEO | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | oint/Group | oup Filing (Check Appl | | licable | | |
| LIVERMO | VERMORE CA 94551 | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | | | | | |
| (City) | (Sta | te) (Z | Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | | 2. Transaction Date (Month/Day/Ye | | Execution Date | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | | Beneficia Owned F | urities eficially ed Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | ice | | nsaction(s) htr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | | | 3/2020 | | | | M | | 23,300 | A | \$ | 32.64 | 73, | 862 | | D | | | |
| Common Stock | | | | | 3/2020 | | | | D | | 11,014 | D | \$ | 69.05 | 62, | 848 | | D | | | |
| Common Stock | | | | 08/13 | .3/2020 | | | | F | | 5,846 | D | \$ | \$69.05 | | 57,002 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 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/Da | Date, | Date, Transa Code (| | of | | 6. Date E Expiration (Month/I | on Da | | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or | ount nber ares | | | | | | | |
| Stock Appreciation Right | \$32.64 | 08/13/2020 | | | М | | | 23,300 | 03/03/2015 | | 03/03/2021 | Common Stock 23, | | ,300 | \$0 0 | | | D | | | |

Explanation of Responses:

Kay Dashner, POA for Joseph **Hanna**

08/17/2020

** 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 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.