## 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	STATEMENT OF CHAI
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section

## NGES 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

Name and Address of Reporting Person*     Albright John P					<u>CC</u>	2. Issuer Name and Ticker or Trading Symbol  CONSOLIDATED TOMOKA LAND CO  CTO ]									Check X	all applicable) Director Officer (give title		g Pers	10% C	
(Last) P. O. BO	`	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/24/2018									X	belov		nt & C	below)	
(Street) DAYTON BEACH (City)	FL		32120-08 Zip)	09	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivine)	,				
		Tabl	e I - Nor	า-Deri\	ative/	Se	curitie	s Acc	uired,	Dis	posed o	f, or	Ben	efici	ally	Owne	ed			
Da				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			l and Sec Ber Ow		Amount of curities eneficially wned Following eported		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(1	A) or D)	Price	Tran		action(s) 3 and 4)			(111341.4)
Common	Stock			01/24	1/2018				F		628(1)		D	\$66	5.98 108,823 <sup>(2)</sup> D					
Common	Stock			01/24	1/2018				A		6,101	3)	Α	\$	\$0 114,924 <sup>(4)</sup> D					
		Та									sed of, onvertib				y Ov	vned				
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,	4. Transactio Code (Inst 8)			ative rities ired osed . 3, 4	6. Date Exercis Expiration Date (Month/Day/Ye		e	Amor Secu Unde Deriv	Am or	str. 3 ount mber	Deri	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	vnership orm: rect (D) Indirect	Beneficial Ownership (Instr. 4)
			Code	l v	(A)		Exercisa		Date	Title	Sha	ıres								

## **Explanation of Responses:**

- 1. On 1/18/2018, the vesting criteria for 2,000 shares of restricted common stock of the Issuer, which restricted shares were awarded to the reporting person on 5/20/2015, were satisfied. A portion of the vesting shares was withheld by the Issuer in order to satisfy the reporting person's payroll tax withholding liability.
- 2. This amount includes 11,318 shares of restricted common stock which vest over time, and 22,000 shares of restricted common stock which vest based on share price appreciation, both of which were previously reported.
- 3. Restricted shares one-third of which vest on each of the first, second and third anniversaries of January 28, 2018, provided that the reporting person is an employee of the Issuer on those dates. The fair market value of the common stock on the date of the grant was \$65.95 per share, but the fair market value of the award when vested will be the fair market value of the common stock on each vesting date.
- 4. This amount includes the 6,101 restricted shares reported above, as well as 11,318 additional shares of restricted common stock which vest over time, and 22,000 shares of restricted common stock which vest based on share price appreciation, both of which were previously reported.

/s/ Daniel E. Smith, attorneyin-fact for John P. Albright

01/26/2018

\*\* 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.