FORM 4

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APP | ROVAL |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Ty | pe Responses | s) | | | | | | | | | | | | | |
|--|---|-----------------------|---|---|--|------------------|---|---------------------------------|---|--|---|--|---|--|--|
| Name and Address of Reporting Person Lietz Nori Gerardo | | | | 2. Issuer Name and Ticker or Trading Symbol Veris Residential, Inc. [CLI] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O MACK-CALI REALTY CORPORATION, HARBORSIDE 3, 210 HUDSON ST., STE. 400 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2022 | | | | | - | Officer (give t | title below) | Other (| specify below) | | |
| JERSEY CITY, NJ 07311 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (Cit | y) | (State) | (Zip) | | | Tab | ole I - | Non-Deriva | tive Securi | ties Acquire | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Yea | Execu ar) any | Deemed ution Date of the Day/Ye | , if Coo (Ins | | (A) (Ins | or Disposed tr. 3, 4 and a | or Over Over Over Over Over Over Over Ove | Amount of Se wned Followir ansaction(s) astr. 3 and 4) | | O Fo D or (I | wnership orm: B irect (D) O Indirect (I | . Nature f Indirect teneficial ownership (nstr. 4) |
| Kellillider | Keport on a s | eparate line for each | | - Deriva | ative Secu | rities A | cqui | Persons vin this for a currentl | m are not y valid ON d of, or Ber | required to MB control neficially Ov | o respond u number. | | on contained orm displays | | 174 (9-02) |
| | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code | 5. Nu Deriv Secur Acqu Dispo | mber o | and Expiration Date (Month/Day/Year) or (D) and Date Expiration Title | | 7. Title and Underlying (Instr. 3 and | lying Securities Deriv | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form of Derivative Security: Direct (D) or Indirect | (Instr. 4) | |
| | | | | Code | V (| (A) | (D) | Exercisable | Date | Common | Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Lietz Nori Gerardo C/O MACK-CALI REALTY CORPORATION HARBORSIDE 3, 210 HUDSON ST., STE. 400 JERSEY CITY, NJ 07311 | X | | | | | | |

Signatures

| /s/ Nori Gerardo Lietz | 01/06/2022 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- ($\bf{1}$) The phantom stock units convert to common stock on a one-for-one basis.
- (2) The number of phantom stock units awarded is comprised of a quarterly director's fee earned under the Mack-Cali Realty Corporation Deferred Compensation Plan for Directors.
- (3) The phantom stock units were accrued under the Mack-Cali Realty Corporation Deferred Compensation Plan for Directors and are to be settled 100% in Mack-Cali Realty Corporation common stock upon the termination of the reporting person's service on the Board of Directors of Mack-Cali Realty Corporation or upon a change in control of Mack-Cali Realty Corporation.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.