FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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

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 * BATKIN ALAN R					2. Issuer Name and Ticker or Trading Symbol Veris Residential, Inc. [ VRE ]									onship of Reporting P all applicable) Director		erson(	s) to Issuer 10% Ow	ner
(Last)	(Fir	st)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/03/2022							Officer (give title below)			Other (s below)	pecify		
C/O VERIS RESIDENTIAL, INC. HARBORSIDE 3, 210 HUDSON ST., STE. 400				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) JERSEY CI	ITY NJ		07311											Form filed	I by More t	han O	ne Reportino	g Person
(City)	(Sta	ate)	(Zip)															
			Table I - Non	-Deriva	tive	Securities	s Acc	uired, Di	ispo	sed of	, or Ben	eficia	ally Ow	ned				
Date				2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Following F	es Form ally Owned or In- g Reported (Instr ion(s)		Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership
								Code	,	Amount (A) or (D)		rice	Transaction (Instr. 3 and				(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		piration ate	Title		ount or ober of res		Transaction(s (Instr. 4)		\$)	
Phantom Stock Units	\$0 <sup>(1)</sup>	10/03/2022		A		2,128.821 <sup>(2)</sup>		(3)		(3)	Common Stock, \$0.01 par value	2,1	28.821	\$11.45	17,566.0	011	D	

## Explanation of Responses:

- 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 Veris Residential, Inc. Deferred Compensation Plan for Directors.
- 3. The phantom stock units were accrued under the Veris Residential, Inc. Deferred Compensation Plan for Directors and are to be settled 100% in Veris Residential, Inc. common stock upon the termination of the reporting person's service on the Board of Directors of Veris Residential, Inc. or upon a change in control of Veris Residential, Inc.

/s/ Alan Batkin

10/05/2022

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.