FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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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* POLLACK GERALD J						2. Issuer Name and Ticker or Trading Symbol RAYONIER INC [RYN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 50 N. LAURA STREET SUITE 1900						3. Date of Earliest Transaction (Month/Day/Year) 11/17/2005								X Officer (give title Other (specify below) SR VP & CFO						
(Street) JACKSONVILLE 32202					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(City) (State) (Zip)					-										Form filed by More than One Reporting Person					
(City)		•		n-Deri	ivativ	/e Se	CUri	ties Aco	uired	Die	nosed of	or Re	neficia	ally O	wned					
1. Title of Security (Instr. 3) 2. Trai				nsactio h/Day/\	n (ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amo Securit Benefic Owned		S	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	. -	Reported Transaction (Instr. 3 a	on(s)			(Instr. 4)	
Common Shares				11/17/2005					М		28,500	A	\$17	7.06	06 174,654		D			
Common Shares				11/17/2005					S		8,500	D	\$39).25	166,	6,154				
Common Shares				11/17/2005					S		10,000	D	\$3	39	156,154		D			
Common Shares				11/17/2005					S		10,000	D	D \$38.85		146,154		D			
Common Shares				11/1	11/18/2005						2,400	A	\$17	7.06	06 148,554		D			
Common Shares 11/1				18/20	05			S		900	D	\$39	9.5	147,654		D				
Common Shares 11/18,					18/20	2005		S		1,500 D S		\$39).37	146,154		D				
Common Shares														223.9		I	- 1	In Trust ⁽¹⁾		
			Table II -								osed of,				vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	l A	4. Transaction Code (Instr. B)		5. Number of Derivative		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and 7. Title and of Securiti		nd Amou ities ng e Securi	ınt 8. De Se	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e Over State of State	wnership orm: rect (D) Indirect (Instr. 4)	Beneficia Ownershi t (Instr. 4)	
				С	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er	Transact (Instr. 4)	on(s)				
Employee Stock Option	\$17.06 ⁽²⁾	11/17/2005			М			28,500 ⁽²⁾	01/04/20	002	01/06/2009	Common Shares	28,50	00	\$17.06	3,549		D		
Employee Stock Option	\$17.06 ⁽²⁾	11/18/2005			M			2,400 ⁽²⁾	01/04/20	002	01/06/2009	Common Shares	2,40	00	\$0	1,149		D		

Explanation of Responses:

- 1. Shares are held in the Rayonier Investment and Savings Plan for this person's account.
- 2. This option was previously reported as covering 12,000 shares at an exercise price of \$45.56 per share, but was adjusted to reflect the stock split on 6/12/2003, the special dividend paid 12/19/2003 and the stock split on 10/17/2005

Remarks:

W. Edwin Frazier, III, Attorney- 11/21/2005

in-Fact

** 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.