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 |           |  |  |  |  |  |  |  |  |  |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* <u>Hood Charles H</u> |   |                     |  |                           |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol RAYONIER INC [ RYN ] |         |   |  |  |                       |                              |  | eck all app<br>Direc  | icable)<br>tor                           | g Pers   | 10% Ow   | /ner   |
|--|---|---------------------|--|---------------------------|--|---|---------|---|--|--|-----------------------|------------------------------|--|---|--|--|--|--|
| (Last)<br>1301 RIV<br>SUITE 2                                  | VERPLACE  | rst)<br>E BOULEVARD | , ,  |                           |  |   |         | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2014 |  |  |                       |                              |  |   |  | g (give title Other below P. Public Affairs & Cor  |  | pecify   |
| (Street) JACKSONVILLE FL 32207                                 |   |                     |  | 4.1                       | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |         |   |  |  |                       | 6. I<br>Lin                  | e)<br>X Form<br>Form                           | vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |  |  |  |
| (City)   | (Si   | ate)                | (Zip)  |                           |  |   |         |   |  |  |                       |                              |  | 1 0100  |  |  |  |  |
|  |   | Tab                 | le I - No  | n-Deri                    | vativ  | e Se  | curitie | s Ac  | quired   | , Dis  | posed o               | f, or Bei                    | neficia  | ly Owne   | d  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D       |   |                     |  | Execution ay/Year) if any |  | Deemed<br>ecution Date,<br>ny<br>onth/Day/Year)                         |         | 3.<br>Transaction<br>Code (Instr.                           |  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |                       | 5) Securi<br>Benefi<br>Owned | Amount of ecurities eneficially wned Following |   | n: Direct<br>r Indirect<br>istr. 4)      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |  |  |
|  |   |                     |  |                           |  |   |         |   | Code   | v  | Amount                | (A) or<br>(D)                | Price  | Transa  | Reported Transaction(s) (Instr. 3 and 4) |  |  | (Instr. 4)   |
| Common Shares 01/02/2  |   |                     |  |                           | 2/2014   | 2014  |         |   | A  |  | 4,700(1               | ) A                          | \$0.00   | 00 3  | 39,195                                   |  | D  |  |
| Common Shares  |   |                     |  |                           |  |   |         |   |  |  |                       |                              | 1,59   | 1,595.2947  |  |  | In<br>Trust <sup>(2)</sup>   |  |
|  |   | ٦                   | Γable II -   |                           |  |   |         |   |  |  | osed of,<br>convertil |                              |  | / Owned   |  |  | ,  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | e (Month/Day/Year)  | 3A. Deemed<br>Execution Day<br>if any<br>(Month/Day) | Date,                     | Date, Transaction Code (Ins                              |   | on of   |   | 6. Date Exercisable<br>Expiration Date<br>(Month/Day/Year) |  | Amount of             |                              | f<br>g<br>Security                             | 8. Price o<br>Derivative<br>Security<br>(Instr. 5)  | tive derivativ                           | e Over Section Ove | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |                     |  | Co                        | Code   | v   | (A)     | (D)   | Date<br>Exercisab  |  | Expiration<br>Date    | Title                        | Amount<br>or<br>Number<br>of<br>Shares         |   |  |  |  |  |
| Employee<br>Stock<br>Option                                    | \$42.55   | 01/02/2014          |  |                           | A  |   | 6,270   |   | 01/02/201  | 5 <sup>(3)</sup>   | 01/02/2024            | Common<br>Shares             | 6,270  | \$0.0000  | 6,270                                    | )  | D  |  |

## Explanation of Responses:

- $1.\ Grant\ of\ restricted\ shares\ to\ vest\ August\ 14,\ 2015\ assuming\ continued\ employment\ with\ Rayonier.$
- $2. \ Shares \ are \ held \ in the \ Rayonier \ Investment \ and \ Savings \ Plan, \ a \ 401(k) \ plan, for this \ person's \ account.$
- 3. Vests in one-third installments annually commencing 1/2/2015

Brenda K. Davis, Attorney-in-Fact 01/06/2014

\*\* Signature of Reporting Person D

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.