FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | OVAL      |  |  |  |  |
|------------------------|-----------|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |
| Estimated average burd | en        |  |  |  |  |
| hours per response:    | 0.5       |  |  |  |  |

|   | 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 <sup>*</sup> <u>Long Douglas M</u> |   |  |   |         |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol RAYONIER INC [ RYN ] |         |       |                                  |          |   |            |                |                       |                           |   | licable)  | g Person(s) to  | lssuer<br>Owner   |
| (Last) (First) (Middle) 1 RAYONIER WAY                                     |   |  |   |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2018             |         |       |                                  |          |   |            |                |                       | X                         | Office  | ,   | Oth<br>belo<br>Operations   | er (specify<br>w) |
| Street) YULEE FL 32097-00 (City) (State) (Zip)                             |   |  | 002   | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |         |       |                                  |          |   |            |                | . Indivi<br>ine)<br>X | Form                      | dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |                   |
|  |   | Tabl                                       | e I - No  | n-Deriv | ative  | Sec   | curitie | es Ac | quired                           | , Dis    | posed o   | f, or E    | 3en            | eficia                | ally (                    | Owne  | ed  |   |                   |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day               |   |  |   |         |  | Execution Date,   |         |       | Transaction Di                   |          | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 |            |                |                       | l and 5) Sec<br>Ben       |   | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | of Indirect       |
|  |   |  |   |         |  |   |         |       | Code                             | v        | Amount  | (A)<br>(D) |                | Price                 |                           | Transaction(s)<br>(Instr. 3 and 4)  |   |   | (1130.4)          |
| Common Shares 04/02/2  |   |  |   |         |  | 2018  |         | A     |                                  | 3,231(1) | A   | 1          | \$0.0000       |                       | 13,780                    |   | D   |   |                   |
| Common Shares  |   |  |   |         |  |   |         |       |                                  |          |   |            |                |                       | 10,987.8188               |   | I   | In Trust  |                   |
|  |   | Та   |   |         |  |   |         |       |                                  |          | osed of, o  |            |                |                       | y Ov                      | vned  |   |   |                   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | 4.<br>Transaction<br>Code (Instr.<br>8)                  |   | n of    |       | 6. Date E<br>Expiration (Month/I | on Dat   | Securities Underlying Derivative Security (Inst         |            | nstr. 3        |                       | vative<br>urity<br>tr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4)         | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4)                           |                   |
|  |   |  |   |         | Code   | v   | (A)     | (D)   | Date<br>Exercisa                 | able     | Expiration<br>Date                                      | Title      | or<br>Nu<br>of | nount<br>mber<br>ares |                           |   |   |   |                   |

## **Explanation of Responses:**

1. Award of Restricted Stock. This award vests in equal one-third installments commencing on the third, fourth and fifth anniversary of the grant date.

<u>DeLisa A. Johnigarn /</u> <u>Attorney-In-Fact</u>

04/03/2018

\*\* 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.