Bolanos Benjamin Form 3 Revision No.:				Client Reference Number:	
FORM 3	UNITED STATES SECURITIE Washingt INITIAL STATEMENT OF BENEI Filed pursuant to Section 16(a) Section 17(a) of the Public Utility Holding Company Act	ton, D.C. 20549 FICIAL OWNERSHI of the Securities Exchange Act	IP OF SECURITIES t of 1934,	OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.8	
1. Name and Address of Reporting Person * Bolanos Benjamin	2. Date of Event Requiring Statement (Month/Day/Year) 06/13/2018	3. Issuer ONE LIBERTY PROPE	ERTIES INC	Ticker or Trading Symbol [OLP]	
(Last) (First) (Middle) 60 Cutter Mill Road Suite 303 (Street)	00/13/2010	4. Relationship of Reports (Check ☐ Director ☐ Officer (give title	k all applicable) 10% Owner	5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Will be automatically set)	
Great Neck, NY 11021 (City) (State) (Zip)		below) Vice President	below)	Form filed by One Reporting Person Form filed by More than One Reporting Person	
	Table I - Non-Derivative	e Securities Beneficially (Owned		
1.Title of Security (Instr. 4)	2. Amount of Securities B (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock	6,150		D		

Table II - Derivative Securities Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

Title of Derivative Security (Instr. 4)	(Month/Day/Year)		(Inetr 1)		Price of Derivative	Derivative Security:	Beneficial Ownership
	Date Exercisable	Expiration Date		Amount or Number of Shares			

Explanation of Responses:	
Remarks:	
Benjamin Bolanos	06/13/2018
**Signature of Reporting Person	Date

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

Note: File three copies of this Form, one of which must be manually signed.

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 control number.

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5(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).