UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM 4

TATEMENT OF	CHANGES IN	BENEFICIAL	OWNERSHIP C	DF SECURITIES

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden 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).								

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting JEFFREY ALAN GOULD 60 CUTTER MILL ROAD, SUITE	BF	2. Issuer Name and Ticker or Trading Symbol BRT REALTY TRUST [BRT]						5. Relationship of Reporting Person(s) to Issuer (check all applicable) Director 10% Owner _X Officer (give title below) Other (specify below)					
GREAT NECK NY 11021		(M	 3. Date of Earliest Transaction Required to be Reported (Month/Day/Year) 10/30/2009 4. If amendment, Date Original Filed (Month/Day/Year) 						PRESIDENT AND CE0 6. Individual or Joint/Group Filing (Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More Than One Reporting Person				
		4.											
	Tab	le I - Non-	Derivati	ive Sec	urities Acquire	ed, I	Dispose	ed of, or	Beneficially O)wned			
1. Title of Security (Instr. 3)	Transaction Exc Date Date	2A. Deemed Execution Date, if any	Code y (Instr. 8)		4. Securities Acquired (A) or Disposed (Instr. 3, 4, & 5)			Securities Beneficially		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	(mm/dd/yy)	(mm/dd/yy)	Code	v	Amount	(A) or (D)	Price		Owned Following Reported Transaction(s) (Instr. 3, & 4)	Direct (D) or Indirect (I) (Instr. 4)			
Shares of beneficial interest	10/30/2009		J		43,664 (1)	Α		\$4.9128	276,026	D			
Shares of beneficial interest	10/30/2009		J		4,509 (1)	Α		\$4.9128	28,497 (2)	I	As custodian		
Shares of beneficial interest	10/30/2009		J		6,308 (1)	Α		\$4.9128	33,259 (3)	I	By trust		
Shares of beneficial interest	10/30/2009		J		4,451 (1)	Α		\$4.9128	23,469 (4)	Ι	By foundation		

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).

OMB APPROVAL

Form 4 (cont.) Name and Address of Reporting Person JEFFREY ALAN GOULD 60 CUTTER MILL ROAD, SUITE 303 GREAT NECK NY 11021

Period Of Report 10/30/2009

	Table II -Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)2. Con- version or Exercise Price of Derivative Security	version or Exercise Price of Derivative	(mm/dd/yy)	3A. Deemed Execution Date, if any (mm/dd/yy)	4. Trans- action Code (Instr. 8)		5. No. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, & 5)		6. Date Exercisable and Expiration Date (mm/dd/yy)		7. Title and Amount of Underlying Securities (Instr. 3 & 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned	Form of Derivative Securities:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)	(D)	Date Exer- cisable	Expiration Date	Title	Amount or Number of Shares		Reported	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) - As a result of the dividend declared on September 14, 2009 and paid on October 30, 2009 to all stockholders of record on September 30, 2009, these additional shares were received by the reporting person.

(2) - Shares are held by reporting person as custodian for his minor children. Reporting person disclaims beneficial ownership in these shares.

(3) - These shares are owned by a family trust of which reporting person is a trustee.

(4) - These shares are owned by a charitable foundation of which reporting person is a director.

By: Jeffrey Alan Gould **Signature of Reporting Person 10/30/2009 Date

**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 OMR control number