FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

COMMON STOCK

1. Name and Address of Reporting Person*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Form 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Expires: | February 28, 2018 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response. | 0.5 | | | | | | | | | |

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

2. Issuer Name and Ticker or Trading Symbol

| INTERGROUP CORP | SANTA FE FI | NANCIAL | CEE | SFEF | | | (Check all Applicable) | | | | | | |
|----------------------------------------------------------------------------------|-------------------------|------------------------------------|-----------------------|--------------|-----------------------------------------------|------------------------|-----------------------------------------|-------------------------|-----------|----------------------------------|--|--|--|
| (Last) (First) | (Middle) | CORPORATI | ON | SEL | JEEF | | | Director | | ▼ 10% Owner | | | |
| 12121 WILSHIRE BOULEVARD | 3. Date Of I | | 4. If Amendment, Date | | | Officer (give title be | elow) | ☐ Other (specify below) | | | | | |
| (Address 1) | Transaction 1 | | | ginal Filed | | | | | | | | | |
| SUITE 610 | _ | to be Reported (Month/Day/Year) | | | Year) | 6. 1 | 6. Individual or Joint/ Group Filing | | | | | | |
| (Address 2) | (World Day) | r car) | | | | | Form filed by One Reporting Person | | | | | | |
| LOS ANGELES CA UNITED STAT | 10/01 | 10/01/2019 | | | | | Form filed by More than One Rpt. Person | | | | | | |
| (City) (State) (C | 10/01 | | | | | 1 | - I made of more than one that I down | | | | | | |
| | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1. Title of Security | 2. Transaction 2A. | Deemed 3. To | | | 4. Securities Acquired (A) of Disposed of (D) | | | 5. Amount of | 6. Owner- | 7. Nature of Indirect Beneficial | | | |
| | Date Ex | xecution C | | | | | | Securities | ship | Ownership | | | |
| | Date Trn. Eqty Frm | | | Beneficially | Form: | | | | | | | | |
| | | | Trn Faty Frm | | | | | Owned fol. | Direct/ | | | | |
| | | | e Swap | | Amount | A/D | Price | Rep. Trans. | Indirect | | | | |
| | | | | /N | | | | | | | | | |

600

Ν

39.00

Α

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

10/01/2019

Ρ

Ν

D

1,022,770

5. Relationship of Reporting Person(s) to Issuer

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

| | | | Tal | ble II - De | rivativ | ve Se | curiti | es Acqui | red, Disp | osed of, or | Beneficial | ly Owned | | | | | |
|--------------------------------------------|-------------------------------------|---------------------------|-----------------------------|-------------------------|---------|-----------------|----------|------------------------------------|---------------------|---------------------------------------|------------|----------|------------------|-----------|--------------|----------------------|-----------------------------------|
| 1. Title of Security 2 | urity | 2. Conversion or Exercise | 3. Trans- action Date | 3. Deemed Exec. Date | | | tion | 5. Number of Derivative Securities | | 6. Date Exercisable & Expiration Date | | | | Price of | of | 10. Owner ship | 11. Nature of Indirect Beneficial |
| | Price of Deriva- tive Sec. | | | Trn. Code | swp. | Frm 5 Y/N | Acquired | Disposed | Exer. Dt | Expr. Dt | Title | | tive Security | ties | Form: D/I | Ownership | |
| Remarks: | | | | | | | | | | | | | | | | | |
| Footnotes: | | | | | | | | | | | | | | | | | |
| Reporting Per | rson(s): | | | | | | | | | | | | | | | | |
| Is Primary | CIK | Name | | | | D | irecto | r | 10% Ov | vner (| Officer | | | Ot | her | | |
| V | 0000069422 | INTERGRO | OUP CORF |) | | | | | V | | | | | | | | |
| ** Intentional r | misstatements or o | missions of fa | ects constitu | te Federal | Crimin | al Vio | lation | s. <i>See 18</i> | U.S.C. 10 | 001 and 15 | U.S.C. | | /s/Da | anfeng Xu | | | 10/01/2019 |
| 78ff(a). Note: File three procedure. | e copies of this Fo | rm, one of wl | hich must bo | e manually s | signed. | If spa | ace is | insufficier | nt, <i>See Inst</i> | ruction 6 f | or | **Sig | nature of | Reporting | g Person: | | Date |
| Exhibit 24: | | | | | | | | | | | | | | | | | |
| Exhibit 99: | | | | | | | | | | | | | | | | | |