FORM 4

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

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

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

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

| 1. Name and Address of Reporting Person* | 2. Issuer Name and Ticker | or Trading Symbol | 5. Relationship of Reporting Pers | Check all Applicable) | | | | |
|---|------------------------------------|-----------------------|--|-------------------------|--|--|--|--|
| INTERGROUP CORP | PORTSMOUTH SQUARE, | PRSI | (Check all Applicable) | | | | | |
| (Last) (First) (Middle) | INC. | | Director | ▼10% Owner | | | | |
| 1516 S. BUNDY DR., SUITE 200 | 3. Date Of Earliest | 4. If Amendment, Date | \Box Officer (give title below) | □ Other (specify below) | | | | |
| (Address 1) | Transaction Required | Original Filed | | | | | | |
| LOS ANGELES CA UNITED STATES OF AMERICA 90025 | to be Reported (Month/Day/Year) | (Month/Day/Year) | 6. Individual or Joint/ Group Filing | | | | | |
| (City) (State) (Country) (Zip) | (Month/Day/Year) 03/02/2021 | | Individual or Joint/ Group Filing I Form filed by One Reporting Person □ Form filed by More than One Rpt. Person | | | | | |
| | | | | | | | | |

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
|--|---|-----------|---------------------|---|--|---------------------------------------|---|-------------|----------|---|--|--|
| 1. Title of Security | 2. Transaction 2A. Deemed Date Execution Date | Execution | | Code Disposed of (D) Securities Beneficial | 5. Amount of Securities Beneficially Owned fol. | 6. Owner- ship Form: Direct/ | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | Eqty Swap Y/N | | Amount | A/D | Price | Rep. Trans. | Indirect | | | |
| COMMON STOCK | 03/02/2021 | | J | Ν | Ν | 222,118 | А | 40.00 | 322,387 | D | | |
| COMMON STOCK | 03/05/2021 | | J | Ν | Ν | 200,880 | А | 40.00 | 523,267 | D | | |

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 5(b)(v).

| | | | Ta | ble II - De | rivati | ve Secu | ıritie | s Acqui | red, Dispo | osed of, or | Beneficial | ly Owned | | | | | |
|--------------------------------------|-------------------|---|-----------------|------------------------------|------------------------|-------------------------|---------|--|-------------|--|------------|--|-----------|---|--------------|----------------------|---|
| 1. Title of Security | rity | 2. Conver- 3. Trans- sion or action Exercise Date | | 3. Deem- ed Exec. Date | 4. Transaction Code | | on 5 | 5. Number of Derivative Securities | | 6. Date Exercisable & Expiration Date | | 7. Title & Amount of Underlying Securities | | Price of | of | 10. Owner ship | Nature of Indirect Beneficial |
| | De tive | Price of Deriva- tive Sec. | Deriva- tive | | Trn. Code | Eqty F swp. Y/N Y | 5 A | Acquired | Disposed | Exer. Dt | Expr. Dt | Title | Amount | tive ties Security Benefi- cially Owned fol. Rep. Trans. | Form: D/I | Ownership | |
| Remarks: | | | | | | _ | | | | | | | | | | | |
| hares receive Footnotes: | d in connection | with the liquid | dation of | Santa Fe Fi | nancia | al Corp | oratio | on. | | | | | | | | | |
| Reporting Pers | on(s): | | | | | | | | | | | | | | | | |
| Is Primary | CIK | Name | | [| | Directo | | Director 10% | | vner | Officer | | | Other | | | |
| | 0000069422 | INTERGRO | UP CORF |) | | | | | Г | | | | | | | | |
| * Intentional n | isstatements or c | missions of fac | ets constitu | te Federal | Crimin | al Viola | itions. | . See 18 | U.S.C. 10 | 01 and 15 | U.S.C. | | /s/Da | unfeng Xu | l | | 03/10/2021 |
| 78 <i>ff(a).</i> Note: File three | copies of this Fo | orm one of whi | ich must h | e monualka | nonad | Ifenac | e is in | nsufficier | nt Soo Inst | nuction 6 t | | **Sig | nature of | Reportin | g Person: | | Date |

Exhibit 24:

Exhibit 99:

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 control number.