FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPR	OMB APPROVAL								
l	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

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* JAFFEE DANIEL S (Last) (First) (Middle) 410 N. MICHIGAN AVE. SUITE 400 (Street) CHICAGO IL 60611-4213						2. Issuer Name and Ticker or Trading Symbol Oil-Dri Corp of America [ODC] 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)							S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title Other (specify below) Chairman, President and CEO 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	tate) Ta l	(Zip) ble I - Non-I	Deriva	tive Se	curitie	s A	cquired, [Dispos	sed o	of, or Bo	enefici	ially	Owne	d			
1. Title of \$	Security (Inst	tr. 3)	Da	Transac ate lonth/Da		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (In	ion Di	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			5. Amo Securi Benefi Owned		ies I cially (Following (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	/ Ar	mount	(A) (D)	or Prio	ce	Reported Transaction(s) (Instr. 3 and 4)				
	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Cod	saction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)		and	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		De Se	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amoun or Number of Shares	er					
Class B Stock	\$0.0	07/27/2020		G ⁽¹) v	24,893		(2)	(2	2)	Common Stock	24,89	3	\$0	24,893	I		By the Daniel Jaffee Children's GST Exempt Trust u/a/d 07/12/1993 ⁽³⁾
Class B Stock	\$0.0	07/27/2020		G ⁽¹) v	31,626		(2)	(2	2)	Common Stock	31,62	6	\$0	31,626	I		By the Daniel Jaffee GST Non-Exempt Trust u/a/d 06/21/1974 ⁽⁴⁾

Explanation of Responses:

- 1. Reflects a distribution from a family trust of Class B Stock of the Issuer in connection with the settlement of the estate of a family member of the Reporting Person.
- $2. \ Class\ B\ Stock\ may\ be\ converted\ pursuant\ to\ the\ terms\ of\ the\ Certificate\ of\ Incorporation\ of\ Oil-Dri,\ as\ amended.$
- 3. The Reporting Person is a trustee of the Daniel Jaffee Children's GST Exempt Trust u/a/d 07/12/1993, of which the Reporting Person is a beneficiary.
- $4. \ The \ Reporting \ Person \ is \ a trustee of the \ Daniel \ Jaffee \ GST \ Non-Exempt \ Trust \ u/a/d \ 06/21/1974, \ of \ which \ the \ Reporting \ Person \ is \ a \ beneficiary.$

Remarks:

/s/ Laura G. Scheland by Power of Attorney 07/29/2020

** Signature of Reporting Person Dat

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.