FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|-------------------|----------|---------------------|---|---|--|---|------------------------------------|---|---|--|--|
| 1. Name and Address of Reporting Person* MASTROPIETRO DONALD R 2. Date of Event Requiring Statement (Month/Day/Year) 07/27/2009 | | | | nent | 3. Issuer Name and Ticker or Trading Symbol CROFF ENTERPRISES INC [COFF] | | | | | | | |
| (Last) 345 NORTH | (First) MAPLE DR. | (Middle) | | | | tionship of Reporting Perso all applicable) Director | 10% Owner | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| (Street) BEVERLY HILLS | CA | 90210 | | | X Officer (give title below) Chief Financial (| | Other (specify below) Officer | | 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) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | ally Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock | | | | | | 684,684 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable at Expiration Date (Month/Day/Year) | | | ate | 3. Title and Amount of Secu Underlying Derivative Secu | | | or Exer | onversion Exercise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiration Date | ı Title | | Amount or Number of Shares | Price of Derivative Security | | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

/s/ Donald R. Mastropietro

07/31/2009

** Signature of Reporting Person

Date

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

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