FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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).

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* MOTTERN CHRISTOPHER P | | | | | | | 2. Issuer Name and Ticker or Trading Symbol FARMER BROTHERS CO [FARM] | | | | | | | | | olicable) | g Person(s) to | Issuer Owner | |
|---|---|--|---|-----------------------------------|-------|-----------------|--|-------|-------------------------|------------------|---|---|----------------------|------------------------|---|---|---|---|--|
| (Last) | (F R BROS. (| | 3. Date of Earliest Transaction (Month/Day/Year) 12/09/2013 | | | | | | | | | Offic below | er (give title w) | Othe belo | er (specify w) | | | | |
| 20333 SC | OUTH NO | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) TORRANCE CA 90502 | | | | | - | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | ative | Sec | uritie | es Ac | quirec | l, Dis | sposed o | f, or E | Benefi | cially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution Date, | | | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pric | е | Trans | action(s) 3 and 4) | | (instr. 4) | |
| Common Stock, \$1.00 par value 12/09/20 | | | | | | 013 | | | P | | 2,000 | A | \$22 | \$22.03 ⁽¹⁾ | | 3,459 | I | By self as co- trustee for Mottern Family Trust | |
| | | Ta | able II - | | | | | | | | osed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversior or Exercise Price of Derivative Security | Conversion Date (Month/Day/Year) Execute Fixed (Month/Day/Year) (Month/Day/Year) | | on Date, Code (li Day/Year) | | | | | 6. Date Expirat (Month) | ion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Open market purchase. This transaction was executed in multiple trades at prices ranging from \$21.78 to \$22.189. The price reported above is the weighted average sale price. The Reporting Person hereby undertakes to provide upon request by the SEC, the issuer, or a security holder of the issuer, full information regarding the number of shares and prices at which the transaction was effected.

/s/ Thomas J. Mattei, Jr.,

Attorney-In-Fact for

12/11/2013

Christopher P. Mottern

** 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 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.