Edgar Filing: LEGG MASON, INC. - Form 4

LEGG MAS	ON, INC.											
Form 4												
May 19, 2013	5											
FORM	4								~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL	
	UNITEL) STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long	or									Expires:	January 31,	
subject to	STATEMENT OF CHANGER				ES IN BENEFICIAL OWNERSHIP O					Estimated average		
Section 1	6.							burden hou				
Form 4 or Form 5								response	0.5			
obligation	•							-	ge Act of 1934,			
may conti				•		•	• •		f 1935 or Sectio	n		
See Instru	iction	30(h)	of the Inv	vestme	nt C	Company	y Act	of 19	40			
1(b).												
(Print or Type R	Responses)											
	1											
Schliessler Ursula Symbol				uer Name and Ticker or Trading l				g	5. Relationship of Reporting Person(s) to Issuer			
				MASON, INC. [LM]								
(Last)	(First)	(Middle)	3. Date of	Farliest	Tra	nsaction	_		(Cheo	ck all applicable	e)	
				nth/Day/Year)					Director	10%	6 Owner	
100 INTERN	NATIONAL DI	RIVE	05/15/20						X Officer (give	er (specify		
									below)	below) EVP & CAO		
	(Street)		1 If Amo	ndmant	Dat	o Original					ng(Chaolr	
			nendment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(mon	un/Duy/ I	car)				_X_ Form filed by	One Reporting Po	erson	
BALTIMOR	RE, MD 21202								Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Noi	1-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Execut		on Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month)	(Day/Vear)		Code Disposed of (D) (Instr. 8) (Instr. 3.4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	Following	(Instr. 4)	(Instr. 4)				
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(Instr. 5 and 4)			
Common Stock	05/15/2015			А		3,322	А	\$0	17,697	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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/Year)	4. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to buy) <u>(1)</u>	\$ 54.51	05/15/2015		А	4,031	05/31/2016	05/15/2023	Common Stock	4,031	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Schliessler Ursula 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202			EVP & CAO				
Signatures							
Melissa A. Warren Attorney-in-fact Schliessler	for Ursula		05/19/2	015			
<u>**</u> Signature of Reporting Pers	son		Date				

Explanation of Responses:

- * 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).
- (1) Employee stock options vest serially over four years commencing on May 31, 2016.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. 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 number.

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