#### JONES LANG LASALLE INC

Form 4 March 31, 2008

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

3235-0287 Number:

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Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| HARTLEY LEONARD DARRYL Sym |                                      |          | Symbol   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol JONES LANG LASALLE INC |            |                               |             | 5. Relationship of Reporting Person(s) to Issuer |                           |            |  |
|----------------------------|--------------------------------------|----------|--|---|------------|-------------------------------|-------------|--|---------------------------|------------|--|
| JULE]                      |                                      |          |  |   |            |                               |             | (Check all applicable)                           |                           |            |  |
| (Last)                     | (First) (N                           | Middle)  | 3. Date of Earliest Transaction (Month/Day/Year) |   |            | _X_ Director<br>Officer (give | titleOthe   | Owner<br>er (specify                             |                           |            |  |
|                            |                                      |          | 12/15/2007                                       |   |            |                               |             | below)   | below)                    |            |  |
| (Street) 4. If Ame         |                                      |          |  | Amendment, Date Original  |            |                               |             | 6. Individual or Joint/Group Filing(Check        |                           |            |  |
|                            |                                      |          | Filed(Mon  | th/Day/Year   | )          |                               |             | Applicable Line) _X_ Form filed by               | One Reporting Pe          | rson       |  |
| CHICAGO, IL 60601          |                                      |          |  | F   |            |                               |             | Form filed by More than One Reporting Person     |                           |            |  |
| (City)                     | (State)                              | (Zip)    | Table  | e I - Non-D   | erivative  | Secur                         | ities Acq   | uired, Disposed o                                | f, or Beneficial          | ly Owned   |  |
| 1.Title of                 | 2. Transaction Date (Month/Day/Year) |          | med<br>n Date, if                                | 3.  | 4. Securi  |                               | -           | 5. Amount of Securities                          | 6. Ownership Form: Direct |            |  |
| Security (Instr. 3)        | (Month/Day/Tear)                     | any      | ii Date, ii                                      | Transactio<br>Code  | (Instr. 3, | _                             |             | Beneficially                                     | (D) or                    | Beneficial |  |
| ,                          |                                      | (Month/l | Day/Year)  | (Instr. 8)  | `          |                               |             | Owned  | Indirect (I)              | Ownership  |  |
|                            |                                      |          |  |   |            |                               |             | Following<br>Reported                            | (Instr. 4)                | (Instr. 4) |  |
|                            |                                      |          |  |   |            | (A)                           |             | Transaction(s)                                   |                           |            |  |
|                            |                                      |          |  | Code V  | Amount     | or<br>(D)                     | Price       | (Instr. 3 and 4)                                 |                           |            |  |
| Common<br>Stock            | 12/15/2007                           |          |  | A <u>(1)</u>  | 39         | A                             | \$<br>75.12 | 11,497   | D                         |            |  |

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) |                                   |                     | ate             | 7. Title<br>Amoun<br>Under | int of<br>lying<br>ities | 8. Price of Derivative Security (Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene |
|---|---|---|---|---------------------------------------|-----------------------------------|---------------------|-----------------|----------------------------|--------------------------|--|---------------------------------|
|   | Derivative<br>Security                      |   |   |                                       | Securities<br>Acquired            |                     |                 | (Instr.                    | 3 and 4)                 |  | Owne<br>Follo                   |
|   |   |   |   |                                       | (A) or<br>Disposed                |                     |                 |                            |                          |  | Repo<br>Trans                   |
|   |   |   |   |                                       | of (D)<br>(Instr. 3,<br>4, and 5) |                     |                 |                            |                          |  | (Instr                          |
|   |   |   |   |                                       | 4, and 3)                         |                     |                 |                            | Amount                   |  |                                 |
|   |   |   |   |                                       |                                   | Date<br>Exercisable | Expiration Date | Title                      | or<br>Number<br>of       |  |                                 |
|   |   |   |   | Code V                                | (A) (D)                           |                     |                 |                            | Shares                   |  |                                 |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |
|--|---------------|-----------|---------|-------|--|--|
| • 0  | Director      | 10% Owner | Officer | Other |  |  |
| HARTLEY LEONARD DARRYL<br>200 EAST RANDOLPH DRIVE<br>CHICAGO, IL 60601 | X             |           |         |       |  |  |

# **Signatures**

Gordon G. Repp, as attorney-in-fact 03/31/2008

\*\*Signature of Reporting Person Dat

## **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) Reinvestment of dividend paid on shares held in Director's Deferred Compensation Plan.

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.

Reporting Owners 2