Edgar Filing: CUMMING IAN M. - Form 4

OUT AN AINTO TANK

Form 4	τIAN M.									
FORN Check th if no lor subject to Section Form 4 Form 5 obligation may corr	Washington, D.C. 20549NCheck this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExStatement of Section 16. Form 4 or Form 5 obligations may continue. See InstructionFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Ex								OMB APPROVAL OMB 3235-028 Number: January 3 Expires: 200 Estimated average burden hours per response 0	
(Print or Type	Responses)									
1. Name and A CUMMING	Address of Reporting G IAN M.	Syr	Issuer Name an nbol FFERIES GR EF]			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O LEUCADIA NATIONAL CORPORATION, 315 PARK AVENUE SOUTH			3. Date of Earliest Transaction (Month/Day/Year) 11/15/2010				X_Director10% Owner Officer (give titleOther (specify below) below)			
	f Amendment, D ed(Month/Day/Yea	-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
	K, NY 10010	(7.)					Person			
(City)	(State)	(Zip)					uired, Disposed		•	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code ear) (Instr. 8)		(A) or (D)	of (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/15/2010		A <u>(1)</u>	27.12 A	4 ^{\$} 2	5.08	14,575.073	D		
Common Stock							49,351,385	I	See Explanation $\frac{(2)}{2}$	

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 (9-02) required to respond unless the form displays a currently valid OMB control

Edgar Filing: CUMMING IAN M. - Form 4

number.

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)	ative Conversion (Month/Day/Year) Exercise any		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
	Reporting Owner Name / Address				Relationships actor 10% Owner Officer Other						
C/O LEU 315 PARI	NG IAN M. CADIA NA K AVENUE PRK, NY 10		DRATION 2	X							
0:											

Signatures

/s/ Ian M. 11/17/2010 Cumming

<u>**</u>Signature of Reporting Person 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) Acquisition of deferred shares as a result of dividend reinvestment under the Jefferies Group, Inc. 1999 Directors' Stock Compensation Plan in a transaction exempt under Rule 16-b(3)(d)(1) & (2) under the Securities Exchange Act of 1934.

Reflects shares of Issuer's common stock beneficially owned by Leucadia National Corporation ("Leucadia"). The Reporting Person is a(2) significant shareholder and the Chairman of Leucadia. The Reporting Person disclaims beneficial ownership of the Issuer's common stock owned by Leucadia, except to the extent of his pecuniary interest, if any.

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.