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FRIEDMAN	BRIAN P										
Form 4	_										
July 20, 2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB AF OMB Number:	PROVAL 3235-0287	
Check this box if no longer subject to Section 16. SECURITIES							burden hou response	Expires: January 31 2005 Estimated average burden hours per			
(Print or Type R	Responses)										
FRIEDMAN BRIAN P Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				of Earliest Transaction Day/Year) 2005				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman, Executive Committee			
	(Street) 4. If Amen Filed(Mont				te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YORI	K, NY 10022							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executio any		3. Transactic Code (Instr. 8) Code V	4. Securitie on(A) or Disp (Instr. 3, 4 Amount	osed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	07/18/2005			A	520,000 (<u>1)</u>	A	\$ 0 (2)	1,249,638 (3)	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. 6. Date Exe orNumber Expiration of (Month/Da Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (Instr.	nt of lying	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		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
FRIEDMAN BRIAN P C/O JEFFERIES CAPITAL PARTNERS 520 MADISON AVE., 12TH FLOOR NEW YORK, NY 10022	Х		Chairman, Executive Committee				
Signatures							
/s/ Roland T. Kelly, by power of attorney	07/20/2005						
** Signature of Reporting Person	D	ate					

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).

Includes up to 520,000 shares that may be issued to the Reporting Person pursuant to an agreement with Jefferies Group, Inc. to issue up to such amount of shares upon the receipt by Jefferies Capital Partners IV L.P., a private equity fund, of threshold levels of committed

- (1) capital at the final closing of the fund, subject to clawback based upon the size of a subsequent fund and subject to certain other conditions. This issuance is expected to occur eighteen months after the final closing of the fund or such earlier date as determined by the Reporting Person.
- Up to 520,000 shares may be issued to the Reporting Person as consideration for the Reporting Person's obligations arising under the (2)agreement with Jefferies Group, Inc. referenced in footnote 1.

Does not include 570.936 shares indirectly held by the Reporting Person by the Trustee of the Jefferies Group, Inc. Employees' Stock (3) Ownership Plan for the benefit of the Reporting Person, and does not include 2,816.704 shares indirectly held by the Reporting Person by the Trustee under the Jefferies Group, Inc. Profit Sharing Plan for the benefit of the Reporting Person.

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.