LEGG MASON, INC.

Form 5 May 04, 2015

### FORM 5

#### **OMB APPROVAL**

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

3235-0362 Number: January 31, Expires:

**OMB** 

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

2005

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4

Transactions Reported

30(h) of the Investment Company Act of 1940

1. Name and Add SULLIVAN J	*	ting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol LEGG MASON, INC. [LM]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle) 3. Statement for Issuer's Fiscal Year Ended		(Check all applicable)				
			(Month/Day/Year) 03/31/2015	X Director 10% Owner Other (specify			
LEGG MASON, INC., 100 INTERNATIONAL DRIVE				below) below) Chairman, President & CEO			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Reporting  (check applicable line)			
			Filed(Month/Day/Year)				

### BALTIMORE, MDÂ 21202

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State) (	Zip) Tabl	e I - Non-Deri	ivative Sec	urities	Acqui	red, Disposed of	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securiti (A) or Dis (D) (Instr. 3, 4)	sposed	of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/23/2014	Â	G	97,055	D	\$0	246,694.78	D	Â
Common Stock	12/26/2014	Â	G	10,984	D	\$0	235,710.78	D	Â
Common Stock	02/05/2015	Â	G	356	D	\$0	235,354.78	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	4,278.64	I	By 401K

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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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr	. 3 and 4)	
	Security				Acquired			·		
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number	
						Lacicionole	Duic		of	
					(A) (D)				Shares	

### **Reporting Owners**

Reporting Owner Name / Address	Keiauonsinps				
	Director	10% Owner	Officer	Other	

SULLIVAN JOSEPH A LEGG MASON, INC. 100 INTERNATIONAL DRIVE BALTIMORE, MDÂ 21202

 $\hat{A}$  X  $\hat{A}$   $\hat{A}$  Chairman, President & CEO  $\hat{A}$ 

# **Signatures**

Melissa A. Warren, Attorney-in-fact for Joseph A.
Sullivan
05/04/2015

\*\*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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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