Edgar Filing: LEGG MASON, INC. - Form 4

LEGG MASC	DN, INC.								
Form 4									
January 21, 20	015								
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL	
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
	Check this box						Expires:	January 31, 2005	
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OW				NERSHIP OF	Estimated average			
Section 16		SECURITIES					burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 193						0.5	
obligations									
may contin	nue.) of the Public Ut 30(h) of the Inv	•	-	•		11		
See Instruct 1(b).	ction	30(II) 01 the III		ompany	ACI 01 19	40			
1(0).									
(Print or Type Re	esponses)								
1. Name and Address of Reporting Person [*] _2. Issuer Name and Ticker or Trading 5. Relationship of						Reporting Person(s) to			
DAVIDSON CAROL ANTHONY Symbol					Issuer				
	LEGG N	AASON, IN	IC. [LM	[]	(Check all applicable)				
(Last)	(First) (M	(Middle) 3. Date of Earliest Transaction				(ene	in un uppricuon	-)	
	(Month/D	(Month/Day/Year)			_X_Director10% Owner				
LEGG MAS	01/16/20	01/16/2015			Officer (give title Other (specify below) below)				
INTERNATI	IONAL DRIVE								
(Street) 4.			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
	Filed(Mon	Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person				
	E MD 21202						Aore than One Reporting Po		
BALIIMOK	E, MD 21202					Person			
(City)	(State) (2	Zip) Table	e I - Non-Deri	ivative Se	ecurities Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if		4. Securities nAcquired (A) or		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(Wonth Day Tear)	any		Disposed (Beneficially	(D) or	Beneficial	
		(Month/Day/Year)		(Instr. 3, 4		Owned	Indirect (I)	Ownership	
						Following Reported	(Instr. 4)	(Instr. 4)	
					(A)	Transaction(s)			
			Code V A	Amount	or (D) Price	(Instr. 3 and 4)			
Common				amount					
Stock						0	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)

Edgar Filing: LEGG MASON, INC. - Form 4

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. Transacti Code (Instr. 8)	5. Number of orDerivative 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. F Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units (1)	<u>(2)</u>	01/16/2015		А	14.989	<u>(1)</u>	<u>(1)</u>	Common Stock	14.98	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DAVIDSON CAROL ANTHONY LEGG MASON, INC. 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	Х					
Signatures						
Melissa A. Warren, Attorney-in-fac Davidson	01/21/2015					
<u>**</u> Signature of Reporting		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).
- Restricted Stock Units acquired pursuant to and under the conditions of the Legg Mason, Inc. Non-Employee Director Equity Plan, as (1)amended. See Appendix A to the definitive proxy statement for Legg Mason's 2013 Annual Meeting of Stockholders.

(2) 1-for-1

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.