## Edgar Filing: LEGG MASON INC - Form 4

LEGG MASC	ON INC										
Form 4											
October 23, 2	2007										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	• UNIT	ED STATE:					NGE (	COMMISSION	0	3235-0287	
Check this	s box		was	hington,	D.C. 205	949			Number:	January 31,	
	if no longer							Expires:	2005		
subject to		<sup>4</sup> STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated	Estimated average		
Section 16 Form 4 or		SECURITIES							burden hours per		
Form 5		nursuant to	Section 10	5(a) of the	Securiti	es Fr	cchand	ge Act of 1934,	response	. 0.5	
obligation	IS Section	-						of 1935 or Section	ND		
may conti	nue.		) of the In	•	•	• •			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
See Instru 1(b).	ction	50(11)	) of the m	vestment	company	y 110t	0117	10			
1(0).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <sup>*</sup>				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
BERESFORD DENNIS R			Symbol					Issuer (Check all applicable)			
			LEGG N	LEGG MASON INC [LM]							
(Last)	(Last) (First) (Middle) 3. Date of			of Earliest Transaction							
LEGG MASON, INC., 100 LIGHT			(Month/D	(Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			10/19/2007								
STREET								below)	Delow)		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)			
								_X_Form filed by	1 0		
BALTIMOR	RE, MD 2120	2						Person	More than One R	eporting	
(City)	(State)	(Zip)	<b>T</b> 11	IN D	• • •				e n e.		
							ties Ac	quired, Disposed o		-	
1.Title of		Date 2A. De		3. T	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/	Month/Day/Year) Execut any		Transactio Code		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(1150.5)			/Day/Year)	(Instr. 8)	Disposed of (D) 8) (Instr. 3, 4 and 5)		Owned	Indirect (I)	Ownership		
			-					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(inclusion of unity 1)			
Common								2,250	D		
Stock											

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)

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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. 5. Number Transaction Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		(Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units (1)	(2)	10/23/2007		А	10.7	(1)	(1)	Common Stock	10.7	\$ 83

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
BERESFORD DENNIS R LEGG MASON, INC. 100 LIGHT STREET BALTIMORE, MD 21202	Х							
Signatures								
/s/ Erin L. Clark, Attorney-in-f Beresford	10/23/2007							
**Signature of Reporti		Date						

Deletienshin

## **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 granted pursuant to and under the conditions of the Legg Mason, Inc. Non-Employee Director Equity Plan. See (1)Appendix C to the definitive proxy statement for Legg Mason, Inc.'s 2007 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.