Edgar Filing: LEGG MASON, INC. - Form 4

LEGG MASC	DN, INC.										
Form 4											
January 18, 20	017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	Washington, D.C. 20549							OMB Number:	3235-0287 January 31, 2005		
Check this if no longe											
subject to	STATE	MENT O	F CHAN			CIAL OW	NERSHIP OF	Estimated a	Expires: 2009 Estimated average		
Section 16		SECURITIES							burden hours per		
Form 4 or Form 5	Eiled av		Castion 14	$(a) = \mathbf{f} \mathbf{f} \mathbf{h} \mathbf{a}$	Convertion of	o Enchana		response	0.5		
obligations							ge Act of 1934, f 1935 or Sectio	\n			
may contir	iue.			•		Act of 19		211			
See Instruct 1(b).	ction	50(11)		vestment .	company		10				
1(0).											
(Print or Type Re	esponses)										
		P *					5 D I I .				
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker DAVIDSON CAROL ANTHONY Symbol				Ticker or T	cker or Trading 5. Relationship of Reporting Person(s) to Issuer						
DAVIDSON CAROL ANTHON I			Symbol LEGG MASON, INC. [LM]								
			LEGGN	IASON,	INC. [LM	IJ	(Che	ck all applicable	e)		
(Last) (First) (Middle) LEGG MASON, INC., 100			3. Date of Earliest Transaction (Month/Day/Year) 01/13/2017					100			
							X_ Director 10% Owner Officer (give title Other (specify				
	ONAL DRIV		01/15/20)1 /			below)	below)			
(Street)			4. If Amondmont, Data Original				(Individual on Isint/Crown Filing/Charle				
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 neu(mon	ill/Day/Tear)	' 		_X_ Form filed by				
BALTIMOR	E, MD 21202						Form filed by 1 Person	More than One Ro	eporting		
(City)	(State)	(Zip)			~						
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative Se	ecurities Aco	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of	2. Transaction D			3. T	4. Securiti		5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea	ar) Executi any	on Date, if	Code	onAcquired Disposed		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(11041-0)			/Day/Year)	(Instr. 8)	(Instr. 3, 4		Owned	Indirect (I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Common				coue v	Amount	(D) Price					
Stock							3,000	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)

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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. Transactic Code (Instr. 8)	5. Number onof Derivative 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. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units (1)	<u>(2)</u>	01/13/2017		А	81.81	<u>(1)</u>	<u>(1)</u>	Common Stock	81.81	4

Reporting Owners

Director	10% Owner	Officer	Other
Х			
		Director 10% Owner	

Melissa A. Warren, Attorney-in-fact for Carol Anthony Davidson

**Signature of Reporting Person

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) Restricted Stock Units acquired pursuant to and under conditions of the Legg Mason, Inc. Non-Employee Director Equity Plan, as amended. See Appendix A to the definitive proxy statement for Legg Mason, Inc.'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.

01/18/2017

Date