## Edgar Filing: LEGG MASON, INC. - Form 4

LEGG MASC	DN, INC.										
Form 4											
April 19, 201	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this	ar							Expires:	January 31,		
subject to				N BENEFICIAL OWNERSHIP OF				Estimated a	2005 average		
Section 16		SECURITIES					burden hours per				
Form 4 or Form 5								response	0.5		
obligation	- ·	uant to Section 16				-					
may continue Section 17(a) of the Public Utility Holding Company Act of 1955 of Section											
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940											
1(b).											
(Print or Type R	esponses)										
	•										
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name and Ticker or Trading 5. Relationship of 1.							Reporting Person(s) to				
DAVIDSON	ol			Issuer							
L			LEGG MASON, INC. [LM]				(Check all applicable)				
(Last)	(Last) (First) (Middle) 3. D			3. Date of Earliest Transaction				(Check an applicable)			
(Mon			Month/Day/Year)			_X_ Director	10%	Owner			
LEGG MAS	04/15/20	04/15/2016			Officer (give title Other (specify below)						
INTERNATI	IONAL DRIVE						below)	below)			
			If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
			led(Month/Day/Year)				Applicable Line)				
_X_Form filed by O						One Reporting Person Iore than One Reporting					
BALTIMOR	E, MD 21202						Person		porting		
(City)	(State) (Z	Zip) Table	I - Non-Der	ivative S	ecurit	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3. 4	4. Securit	ies		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if	Transaction					Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)		Disposed (Instr. 3, 4			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Wolding Duy, Four)	(1130.0) (	(1150.5,	i una .	5)	Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
			Code V	Amount	(D)	Price	(insu. 5 and 4)				
Common							0	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)	A. 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)	Derivative Expiration Date urities (Month/Day/Year) urited or posed of str. 3, 4,		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 <u>(1)</u>	(2)	04/15/2016		А	46.79	<u>(1)</u>	<u>(1)</u>	Common Stock	46.79	\$

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
DAVIDSON CAROL ANTHONY LEGG MASON, INC. 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	Х			
Signatures				
Malian A Wanne Attance in Car	t fan Cana	1 1		

Melissa A. Warren, Attorney-in-fact for Carol Anthony 04/19/2016 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).
- Restricted Stock Units acquired pursuant to and under 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, 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.

Date