FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C.	20549
---------------	------	-------

STATEMENT OF CHANGES IN BENEFICIA	L OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* JACOBS KENNETH M						2. Issuer Name and Ticker or Trading Symbol Lazard Ltd [LAZ]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017										er (give title w)	Othe	10% Owner Other (specify below) and CEO				
(Street) NEW YO (City)			10112 Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X Forr Forr	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - Nor	n-Deriv	/ative	Se	curitie	es Ac	quired,	Dis	posed o	of, or	Bene	ficia	ally Own	ed						
Da			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			nd Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	() ()	A) or D)	Price		action(s) 3 and 4)		(Instr. 4)				
Restricted	l Class A C	ommon Stock		03/0	1/2017	7			М		150,84	45	D	(1	(1) 112,410 D							
Class A C	Common Sto	ock		03/0	1/2017	7			М		150,84	45	Α	(1	(1) 915,658 ⁽²⁾ D							
		Та									sed of, onvertib				y Owned		,	•				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemec Execution I if any (Month/Day	Date, Transac			of E		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
										Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber			

Explanation of Responses:

1. Shares of unrestricted Class A Common Stock were acquired upon the vesting of a prior grant of Performance-based Restricted Stock Units ("PRSUs") awarded with respect to compensation for 2013, including certain Restricted Stock Units ("RSUs") that had been acquired pursuant to the dividend equivalent reinvestment provisions of the underlying PRSU award. The grant was previously reflected in the Company's proxy statements. The PRSUs and RSUs that had been acquired pursuant to the award had previously been converted into shares of Restricted Class A Common Stock in connection with the reporting person's retirement eligibility and such shares remained subject to vesting.

2. Amount excludes 584,279 shares of Class A Common Stock indirectly beneficially owned by the reporting person and 5,644 RSUs beneficially owned by the reporting person.

Remarks:

/s/ Kenneth M. Jacobs by Scott 03/03/2017 D. Hoffman under a P of A

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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 is insufficient, see Instruction 6 for procedure.

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 Number.