FORM 4

UNITED STATES

S SECURITIES AND EXCHANGE COMMISSIO

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

	struction ro.																				
Name and Address of Reporting Person* Mendillo Jane L						2. Issuer Name and Ticker or Trading Symbol Lazard, Inc. [LAZ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Menumo Jane L</u>															Directo	or		10% Ov	vner		
(Last) (First) (Middle) C/O LAZARD, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024									Officer below)	(give title		Other (s below)	pecify		
'																					
30 ROCKEFELLER PLAZA							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line) Form filed by One Reporting Person						
NEW YO	ORK N	Y	10112											•		filed by Mo		n One Repo			
(City)	(S	tate)	(Zip)																		
		Tabl	le I - Nor	n-Deriv	ative	Sec	uritie	es Ac	quired, D	Disp	osed (of, or Be	nefic	ially	Owned	d					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3, 4		4 and Securition Beneficition Owned I		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	r Pric	се	Reported Transact (Instr. 3	tion(s)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,		ransaction ode (Instr.		rative rities sired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		piration	Title	Amou or Numb of Share	er							
Deferred Stock Units ⁽¹⁾	(2)	11/15/2024			A		636		(2)	T	(2)	Common Stock	636	5	\$0	73,254	1	D			

Explanation of Responses:

- 1. The reporting person has made an annual election to receive Deferred Stock Units ("DSUs") under Lazard, Inc.'s 2018 Incentive Compensation Plan, as amended, in lieu of all or a portion of such reporting person's cash compensation payable pursuant to the Non-Executive Director Compensation arrangement.
- 2. The DSUs will be converted into Common Stock on a one-for-one basis following the date that the reporting person resigns from, or otherwise ceases to be a member of, the Board of Directors of Lazard, Inc.

Remarks:

/s/ Jane L. Mendillo by Shari L. Soloway under a P of A

11/19/2024

** 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.