FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT	OF CHANGI	ES IN BENE	FICIAL C	DWNERSI	HIP

OMB APP	OMB APPROVAL								
OMB Number: 3235-028									
Estimated average burden									
hours per response	: 0.5								

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

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

Name and Address of Reporting Person* Mendillo Jane L				2. Issuer Name and Ticker or Trading Symbol Lazard Ltd [LAZ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Mendino Jane L				-									X Direct	tor	10% C	wner	
(Last)	(Fi	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2023								Office below	r (give title	Other below)	(specify
C/O LAZ	ZARD LTD				4. If A	men	ndment,	Date	of Original F	iled (M	/lonth/D	ay/Year)	6.	ndividual or	Joint/Group	Filing (Check A	Applicable
30 ROCKEFELLER PLAZA					, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;							Lin	-7				
					-										•	Reporting Pers	
(Street)														Form Perso		e than One Rep	orting
NEW YO	ORK N	Y 1	10112		<u> </u>		01.5	4 /	\ -								
-					- Rul	Rule 10b5-1(c) Transaction Indication											
(City)	(Si	ate) ((Zip)												ction or writter	plan that is inte	nded to
					∐ s	atisfy	the affir	mativ	e defense cond	ditions o	of Rule	10b5-1(c).	See Instruc	tion 10.			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date			Code (Instr. 5)						Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership			
								<u> </u>	V A	Amount	ount (A) or (D)		Report Transa (Instr. 3	ed ction(s) 3 and 4)	,,,	(Instr. 4)	
		Ta							uired, Dis					y Owned	<u>'</u>		
				(e.g., p	uts, ca	alls,	, warr	ants	s, options	, con	nverti	ble sec	urities)				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		rcise (Month/Day/Year) if any of (Month tive		ned n Date, ay/Year)		ransaction of Code (Instr. Derivative		tive ties ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		e and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares				
Deferred Stock Units ⁽¹⁾	(2)	05/15/2023			A		1,237	(-7	(2)		(2)	Class A Common Stock	1,237	\$0.00	57,339 ⁽³) D	

Explanation of Responses:

- 1. The reporting person has made an annual election to receive Deferred Stock Units ("DSUs") under Lazard Ltd'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 Class A 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 Ltd.
- 3. Amount excludes 1,400 shares of Class A Common Stock directly or indirectly beneficially owned by the reporting person.

Remarks:

/s/ Jane L. Mendillo by Scott D. Hoffman under a P of A

05/17/2023

** 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.