FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average | hurdon | | | | | | | | | |

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).

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* <u>Stern Alexander F.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Lazard Ltd [LAZ] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|--|---|--|--|--|-------|-----|--|---|------------------|---|--------------------------------|------|---|--|---|--------------------------------------|--|--|
| (Last) (First) (Middle) C/O LAZARD LTD 30 ROCKEFELLER PLAZA | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2017 | | | | | | | | | X Officer (give title Other (spelow) Chief Operating Officer | | | | | |
| (Street) NEW YORK NY 10112 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | action | ction 2A. Deemed | | | 3. Transact | Transaction Disposed Of (D) Code (Instr. 5) | | | Acquired (A) | | 5. Amou Securiti Benefic Owned | unt of ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) | |
| | | Т | | | | | | | uired, Dis s, options | | | | | | Owned | | | | | |
| 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. Transaction Code (Instr 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | E | . Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | | |
| Restricted Stock Units ⁽¹⁾ | (2) | 11/17/2017 | | | A | | 2,991 | | (3) | | (3) | Class A Common Stock | 2,9 | 91 | (2) | 40,841 ⁽⁴ | 4) | D | | |

Explanation of Responses:

- 1. Additional Restricted Stock Units ("RSUs") were acquired pursuant to the dividend equivalent reinvestment provisions of underlying Performance-based Restricted Stock Unit ("PRSU") awards.
- 2. Each RSU represents a contingent right to receive one share of Class A Common Stock.
- 3. Of these RSUs, 820 will vest on or around March 1, 2018, 1,264 will vest on or around March 1, 2019, and 907 will vest on or around March 2, 2020.
- 4. Amount excludes 101,184 shares of Class A Common Stock and 69,778 PRSUs directly or indirectly beneficially owned by the reporting person.

Remarks:

/s/ Alexander F. Stern by Scott D. Hoffman under a P of A

11/21/2017

** 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.