FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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

1. Name and Address of Reporting Person*  BHUTANI ASHISH						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Lazard Ltd</u> [ LAZ ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>DITO IAINI AOIIIDII</u>														X				10% Ov		
(Last)	(Fi	irst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								X	Office below	icer (give title ow)		Other (specify below)		
C/O LAZARD LTD							08/23/2013									Vice Chairman				
30 ROCKEFELLER PLAZA																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)						, =								Line)						
NEW YORK NY 10020													X Form filed by One Reporting Person							
														Form filed by More than One Reporting Person						
(City)	(S	tate) (	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Inst	tr. 3)	2	A. Deem	ed	3. 4. Securities Acquired						5. Amou	unt of 6. O		wnership 7. Nature					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					av/Ye	Execution Date ay/Year) if any			, Transaction Disposed Of Code (Instr. 5)			d Of (D) (Ir	ıstr. 3,	4 and	Securiti Benefic				of Indirect Beneficial	
(ino					,.		(Month/Day/Yea				,					Following (i)		Instr. 4)	Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		rice	Transac (Instr. 3	ction(s)			(111311. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
									, options											
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, T	1. Fransa Code (1 3)				6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number 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)		Date Exercisable		xpiration ate	Title	Amou or Numb of Share	oer						
Restricted Stock Units <sup>(1)</sup>	(2)	08/23/2013			A		2,047		(3)		(3)	Class A common stock	2,04	17	\$0	205,321 <sup>(2</sup>	4)	D		

## **Explanation of Responses:**

- 1. Additional Restricted Stock Units were acquired pursuant to the dividend equivalent reinvestment provisions of underlying Restricted Stock Unit and Performance-based Restricted Stock Unit awards.
- 2. Each Restricted Stock Unit represents a contingent right to receive one share of Class A common stock of Lazard Ltd.
- 3. Of the 2,047 Restricted Stock Units acquired, 867 vest on March 3, 2014, 775 vest on March 2, 2015 and 405 vest on March 1, 2016.
- 4. Amount excludes 388,975 shares of Class A common stock and 21,200 Performance-based Restricted Stock Units beneficially owned by the reporting person.

## Remarks:

/s/ Ashish Bhutani by Scott D. Hoffman under a P of A

08/27/2013

\*\* 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.