SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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| hours per response: | 0.5 |

| 1. Name and Addres | ss of Reporting Perso | n* | 2. Issuer Name and Ticker or Trading Symbol <u>Lazard Ltd</u> [LAZ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|------------------------|-----------------------|----------|--|--|-----------------------------------|-----------------------|--|--|--|
| | | | | X | Director | 10% Owner | | | |
| (Last) C/O LAZARD I | (First) TD | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2019 | | Officer (give title below) | Other (specify below) | | | |
| 30 ROCKEFELLER PLAZA | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| | | | | Line) | | | | | |
| (Street) | | | | X | Form filed by One Repor | rting Person | | | |
| NEW YORK | NY | 10112 | | | Form filed by More than Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any 🤺 | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|----------|------------------------------|---|---|---------------|-------|--|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Deferred Stock Units ⁽¹⁾ | (2) | 11/15/2019 | | A | | 938 | | (2) | (2) | Class A Common Stock | 938 | \$0.00 | 28,879 ⁽³⁾ | D | |

Explanation of Responses:

1. Deferred Stock Units ("DSUs") were awarded under Lazard Ltd's 2018 Incentive Compensation Plan as part of 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

11/19/2019

** Signature of Reporting Person

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.

D. Hoffman under a P of A

Date