FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	205/19
vasilliquui,	D.C	20349

STATEMENT	OF CHAI	NGES IN BEN	NEFICIAL OV	VNERSHIP

OMB APPROVAL									
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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% O	wner	
(Last)	(Fi	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023								Office below	r (give title ')	Other (below)	specify
C/O LAZARD LTD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable				
30 ROCKEFELLER PLAZA				, , , , , , , , , , , , , , , , , , , ,						Lin	·/						
				-								X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street)														Form Perso		e tnan One Rep	orting
NEW YO	ORK N	Y 1	10112			_ 1	0l- E	1/-	\ T	-4:-		d: 4:					
					- Rui	Rule 10b5-1(c) Transaction Indication											
(City)	(S)	ate) ((Zip)												ction or written	plan that is inter	ded to
					L s	atisfy	the affir	mativ	e defense cond	ditions	of Rule	10b5-1(c). S	See Instruc	tion 10.			
		Table	e I - No	n-Deriv	ative \$	Sec	urities	s Ac	quired, D	ispo	sed o	of, or Be	eneficia	lly Owne	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date			Code (Instr. 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	V A	Amount (A) or (D)		Price	Reporte Transa (Instr. 3	ed ction(s) 8 and 4)		(Instr. 4)		
		Ta							uired, Dis					y Owned	!		
				(e.g., p	uts, ca	alis,	, warr	ants	s, options	, cor	nverti	ble sec	urities)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	n Date,		Transaction Code (Instr.		tive ties ed sed 3, 4	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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
									Date		iration		Amount or Number of				
					Code	٧	(A)	(D)	Exercisable	Date	•	Title	Shares				
Deferred Stock Units ⁽¹⁾	(2)	06/01/2023			A		6,039		(2)	((2)	Class A Common Stock	6,039	\$0.00	63,378 ⁽³⁾) D	

Explanation of Responses:

- 1. Deferred Stock Units ("DSUs") were awarded under Lazard Ltd's 2018 Incentive Compensation Plan, as amended, 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 D. Hoffman under a P of A

06/05/2023

** 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.