

Form **8937**
 (December 2017)
 Department of the Treasury
 Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name <u>Lazard, Inc.</u>		2 Issuer's employer identification number (EIN) <u>98-0437848</u>	
3 Name of contact for additional information <u>Alexandra Deignan</u>	4 Telephone No. of contact <u>+1 (212) 632-6886</u>	5 Email address of contact <u>investorrelations@lazard.com</u>	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact <u>30 Rockefeller Plaza</u>		7 City, town, or post office, state, and ZIP code of contact <u>New York, NY 10112</u>	
8 Date of action <u>Payment Dates: 11/15, 8/16, 5/17, 2/23</u>		9 Classification and description <u>Cash distribution on common stock</u>	
10 CUSIP number <u>52110M109</u>	11 Serial number(s) <u>N/A</u>	12 Ticker symbol <u>LAZ</u>	13 Account number(s) <u>N/A</u>

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ In 2024, Lazard, Inc. ("Lazard") distributed an aggregate amount of \$2.0000 per share of common stock to its shareholders follows:

\$0.5000 per share on November 15, 2024;

\$0.5000 per share on August 16, 2024.

\$0.5000 per share on May 17, 2024; and

\$0.5000 per share on February 23, 2024.

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ Lazard has determined that such distributions described above exceeded its earnings and profits in 2024 and, therefore 70.83% of its 2024 quarterly distributions will be treated as return of capital under Section 301(c)(2). Generally, the portion of the distribution on our common stock that is treated as a return of capital would reduce the tax basis of a shareholder's common stock up to such holder's adjusted basis in the common stock, with any excess treated as capital gain to the shareholder pursuant to Section 301(c)(3).

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ The calculation of the portion of the distributions paid on Lazard's common stock that will be treated as a return of capital is based on Lazard's current and accumulated earnings and profits as of the tax year ending December 31, 2024.

Declaration Date	Record Date	Payment Date	Total Per Share Distribution	2024 Taxable Dividend	2024 Return of Capital
<u>10/30/2024</u>	<u>11/08/2024</u>	<u>11/15/2024</u>	<u>\$0.5000</u>	<u>\$0.1459</u>	<u>\$0.3541</u>
<u>07/24/2024</u>	<u>08/05/2024</u>	<u>08/16/2024</u>	<u>\$0.5000</u>	<u>\$0.1459</u>	<u>\$0.3541</u>
<u>04/24/2024</u>	<u>05/06/2024</u>	<u>05/17/2024</u>	<u>\$0.5000</u>	<u>\$0.1459</u>	<u>\$0.3541</u>
<u>01/31/2024</u>	<u>02/12/2024</u>	<u>02/23/2024</u>	<u>\$0.5000</u>	<u>\$0.1459</u>	<u>\$0.3541</u>

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ [Sections 301\(c\), 312, and 316 of the Internal Revenue Code.](#)

Blank lines for listing applicable Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ [N/A](#)

Blank lines for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ [N/A](#)

Blank lines for providing other necessary information.

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signed by: Mary Ann Betsch Date ▶ 1/15/2025
Signature ▶ B00D0865A7A64C1...
Print your name ▶ _____ Title ▶ _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.