FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

| ngton, D.C. 20549 | OMB APPROVAL |
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| TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | |
|---|--------------------------|----------|--|
| | Estimated average burden | | |
| | hours ner resnonse: | n | |

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>Knobloch Iris</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Lazard Ltd [LAZ] | | | | | | | | | k all appli Directo | . , | | 10% Ov | | |
|---|---|--|---|---------|-------------------------------|---|----------|----------|--|----------|---|----------------------------|------------------------------------|---|---|--|---|--|---------------------------------------|--|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2019 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| 30 ROCKEFELLER PLAZA | | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YORK NY 10112 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curities | s Ac | quired, D | isp | osed o | of, or Be | enefic | ially | Owned | d . | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (In | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | 4 and Securiti Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | , | Amount | (A) (D) | Pri | ice | 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. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (l 8) | | of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | of S g e Secur | S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | epiration ate | Title | Amou or Numb of Share | oer | | | | | | |
| Deferred Stock Units ⁽¹⁾ | (2) | 06/03/2019 | | | A | | 5,207 | | (2) | | (2) | Class A Common Stock | 5,20 |)7 | \$0.00 | 8,690 | | 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.

Remarks:

/s/ Iris Knobloch by Scott D. Hoffman under a P of A

06/05/2019

** 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.