FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average h	ourdon								

0.5

hours per response:

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

					OI :	Secuc	n 30(n)) or the	mvesu	nent	Con	ірапу Ас	1 01 1940	'							
1. Name and Address of Reporting Person* <u>Hittner Richard</u>						2. Issuer Name and Ticker or Trading Symbol Lazard Ltd [LAZ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hittner	Richard				==				_ ,								Direc	tor		10% O	wner
-							· - ''								-	X	Office	er (give title		Other (below)	specify
(Last)	`	,	(Middle)			oate o 26/2		st Iran	isaction	ı (Mor	ntn/L	Day/Year)	1				С	ຸ hief Accoເ	ıntir	ng Officer	
C/O LAZ	ZARD LTD)					011													Ü	
30 ROC	KEFELLEF	R PLAZA			-										_						
-					4. If	f Ame	ndment	t, Date	of Orig	inal F	iled	(Month/E	Day/Year)		Individ ne)	ual o	Joint/Group	Filir	ng (Check A _l	oplicable
(Street)	ODIZ N	3 7	10000													X	Form	filed by One	e Rej	porting Perso	on
NEW YORK NY 10020																Form filed by More than One Reporting					
(Oit)	(0	+-+->	(7:)														Perso	on			
(City)	(5)	tate)	(Zip)																		
		Tab	le I - Non-	-Deriv	ative	Sec	curitie	es Ac	quire	ed, D)isp	osed	of, or I	Ben	eficia	ally O	wne	d			
1. Title of Security (Instr. 3) 2. Transac			action						3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3,									Ownership	7. Nature of Indirect		
Date (Month/Da				Day/Ye	ar) i	Execution Date, if any		Code (Insti				ed Of (D) (Instr. 3,		. 3, 4 ar	8	Securities Beneficially		(D)	Form: Direct (D) or Indirect	Beneficial	
						۱,	Month/Day/Yea		ar) 8)	_						— F	Reported		(1) (1	(I) (Instr. 4)	Ownership (Instr. 4)
									de \	V	Amount	t (A) or F		Price			action(s) . 3 and 4)				
		Т	able II - D	erivati	ive S	Secu	rities	Δca	uired	Die	no	sed of	or Be	nefi	icially	ν Ωw	ned				
		•,										nverti				,	iicu				
1. Title of	2.	3. Transaction	3A. Deemed		1.		5. Nu	mber	6. Date			ole and	7. Title			8. Pric		9. Number	of	10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D		Transa Code (I		Securities Acquired (A) or		Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Security (Inst					Securities Underlying		Deriva Secur				Ownership Form:	of Indirect Beneficial
(Instr. 3)	Price of Derivative		(Month/Day/		3)								Underly			(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)
	Security												tr. 3			Following		(I) (Instr. 4)	(111301. 4)		
								Disposed of (D)		and 4)								Reported Transaction	1(s)		
							(Instr. 3, 4 and 5)										(Instr. 4)	(Instr. 4)			
											Π				nount						
														or Nu	ımber						
					Code	v	(A)	(D)	Date Exercis	sable	Da Da	piration ite	Title	of Sh	nares						
Restricted				\neg							T		Class A						\neg		
Stock	(2)	08/26/2011			A		103	ıl	(3))		(3)	commo	n 1	103	\$()	17,827		D	

Explanation of Responses:

- 1. Additional Restricted Stock Units were acquired pursuant to the dividend equivalent reinvestment provisions of the underlying Restricted Stock Unit Award.
- 2. Each Restricted Stock Unit represents a contingent right to receive one share of Class A common stock of Lazard Ltd.
- 3. Of the 103 Restricted Stock Units acquired: 8 vest on March 1, 2012; 77 vest on March 1, 2013; and 18 vest on March 3, 2014.

Remarks:

/s/ Richard Hittner by Scott D. Hoffman under a PofA

08/30/2011

** 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.