## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB APPROVAL										
OMB Number:	3235-0287									

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	Estimated average bur	den
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5
or Section 30(h) of the Investment Company Act of 1940		

intende defense	ed to satisfy the e conditions of struction 10.																			
1. Name and Address of Reporting Person*  Mendillo Jane L						2. Issuer Name <b>and</b> Ticker or Trading Symbol Lazard, Inc. [ LAZ ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Mendino Jane L															[	Direct	or		10% Ov	vner
(Last)		3. Date of Earliest Transaction (Month/Day/Year)									Office below	(give title		Other (s below)	specify					
C/O LAZ	08/	08/15/2024																		
30 ROCI	KEFELLEF	R PLAZA			4. 11	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable				
					-   ''''			., 2010	0.0			(	, ,		Line	Line)				
(Street) NEW YO	ORK N	v	10112													Form filed by One Reporting Person				
NEW IC	_											Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ative	Sec	uritie	es Ad	cqui	ired, C	Disp	osed o	of, or B	ene	ficial	ly Owne	t			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date			e, Transaction Dispose Code (Instr. 5)			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			Benefici Owned I	es Formially (D) (I) (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	t (A) or Pr		Price		nsaction(s) etr. 3 and 4)			(Instr. 4)
		Т	able II - [									sed of onverti				Owned			•	-
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			3A. Deeme Execution I if any (Month/Day	Date,	Transaction Code (Instr. 8)		of I		Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	) (D) E		e rcisable		kpiration ate	Title	or Nu of	nount imber ares					
Deferred Stock Units <sup>(1)</sup>	(2)	08/15/2024			A		766			(2)		(2)	Common Stock	1	766	\$0	72,618	3	D	

## **Explanation of Responses:**

- 1. The reporting person has made an annual election to receive Deferred Stock Units ("DSUs") under Lazard, Inc.'s 2018 Incentive Compensation Plan, as amended, in lieu of all or a portion of such reporting person's cash compensation payable pursuant to the Non-Executive Director Compensation arrangement.
- 2. The DSUs will be converted into 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, Inc.

## Remarks:

/s/ Jane L. Mendillo by Shari L. Soloway under a P of A

08/19/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.