FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540
Washington,	D.C.	20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

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* JACOBS KENNETH M					2. Issuer Name and Ticker or Trading Symbol Lazard Ltd [LAZ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
JACODS	IXEININE	111 IVI												X	Director			10% Ow	ner
(Last)	(Firs	t) (N	/liddle)			Date of Earliest Transaction (Month/Day/Year)							X	Officer (o	give title		Other (s below)	pecify	
C/O LAZARD LTD							02/22/2023							Chairman and CEO					
30 ROCKE	FELLER P	I.A7.A																	
	JI EEEEER I				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)					"	7 11110	nament, De	atc or	Origina i	nou (wona "Day	, rear,		Line)	vidual of ool	Пистоир	g (опсок лири	loabic
NEW YOR	RK NY	1	0112											X	Form file	ed by One	Repor	ting Person	
														Form filed by More than One Reporting Person				ng	
(City)	(Stat	re) (Z	Zip)																
		Tab	le I - Non	-Deriv	vative	e Se	curities	Aca	uired.	Dist	osed of	f. or Be	nefic	ially	Owned				
1 Title of Sec	ourity (Inetr		1	2. Trans		_	2A. Deeme		3.		4. Securiti				5. Amount	of	6 Ow	nership	7. Nature of
Date					Day/Year) i		Execution Da if any (Month/Day/)	Oate,	Transaction Disposed Code (Instr.						y Fo	Form: (D) or	orm: Direct) or Indirect	Indirect Beneficial Ownership	
									v	Amount	(A) or (D) Pr		ice		eported ransaction(s) nstr. 3 and 4)			Instr. 4)	
						l	1,,			<u>'</u>	u -,								
		٦	Fable II - I)								osed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ate,	4. Transa Code (I 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
													Amo	ount		(Instr. 4)	(-,		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Num	nber hares					
Performance- based Restricted Participation Units ⁽¹⁾	(2)	02/22/2023			A		242,382		(3)		(3)	Class A Commor Stock		2,382	(1)	323,17	6 ⁽⁴⁾	D	

- 1. Represents a prior grant of Performance-based Restricted Participation Units ("PRPUs") awarded with respect to compensation for 2019 for which performance conditions have been satisfied. The grant was previously reflected in the Company's proxy statement for the relevant year
- 2. Each PRPU (the performance and other conditions of which have been satisfied) represents an interest in Lazard Group LLC that may be exchanged for one share of Class A Common Stock.
- 3. These PRPUs will vest on or around March 1, 2023.
- $4. Amount excludes 2,375,938 \ shares of \ Class \ A \ Common \ Stock \ directly \ or \ indirectly \ beneficially \ owned \ by \ the \ reporting \ person.$

Remarks:

/s/ Kenneth M. Jacobs by Scott D. Hoffman under a P of A

02/24/2023

** 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.