Edgar Filing: LEGG MASON, INC. - Form 4

LEGG MASON, INC. Form 4 July 19, 2011									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION	OMB AP	PROVAL							
Washington, D.C. 20549	OMB Number:	3235-0287							
Check this box if no longer CTATENTENTE OF CHANCES IN DENEFLOIAL OWNERSHIP OF	Expires:	January 31, 2005							
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Estimated average burden hours per								
Section 16. SECURITIES									
	response	0.5							
abligations									
See Instruction 1(b). Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type Responses)									
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person * FETTING MARK R Symbol Issuer LEGG MASON, INC. [LM] Column 1	5. Relationship of Reporting Person(s) to Issuer								
(Check a	(Check all applicable)								
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)Director	10%	Owner							
LEGG MASON, INC., 100 07/15/2011X_Officer (give tit	ile Other	r (specify							
	below) below) Chairman, President & CEO								
	6. Individual or Joint/Group Filing(Check								
	Applicable Line)								
X Form filed by One									
BALTIMORE, MD 21202 — Form filed by Mor Person	e than One Rep	oorting							
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, o	or Beneficiall	y Owned							
Security(Month/Day/Year)Execution Date, ifTransactionAcquired (A) orSecuritiesFo(Instr. 3)anyCodeDisposed of (D)Beneficially(D)(Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)OwnedInstr	direct (I)	Indirect Beneficial							
Common									
Stock 203,283 D									

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1	. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Numbe	er	6. Date Exerc	cisable and	7. Title and A	Amount of	8. Price
Γ	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionof		Expiration D	ate	Underlying S	Securities	Derivati
S	ecurity	or Exercise		any	Code	Derivativ	e	(Month/Day/	Year)	(Instr. 3 and	4)	Security
(]	Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities	5					(Instr. 5
		Derivative				Acquired						
		Security				(A) or						
						Disposed						
						of (D)						
						(Instr. 3, 4	4,					
						and 5)						
											Amount	
								D	F · .·		or	
								Date	Expiration	Title	Number	
								Exercisable	Date		of	
					Code V	(A) (I	D)				Shares	
F	hantom									~		
	stock	<u>(2)</u>	07/15/2011		А	3.22		(1)	(1)	Common	3.22	\$ 30.2
	Jnits (1)	<u>, 12)</u>	07/13/2011		11	5.22		<u> </u>	<u> </u>	Stock	5.22	ψ 50.2
Ľ	$\frac{(1)}{(1)}$											

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FETTING MARK R LEGG MASON, INC. 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202			Chairman, President & CEO				
Signatures							
/s/ Elisabeth F. Craig, Attorney-in	-fact for	Mark R.	07/19/2011				

Explanation of Responses:

**Signature of Reporting Person

- * 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).
- (1) Phantom Stock Units acquired pursuant to and under the conditions of the Legg Mason & Co., LLC Deferred Compensation/Phantom Stock Plan, as amended. See Exhibit 10.4 of the Form 10-K for the fiscal year ended March 31, 2009.
- (2) 1-for-1

Fetting

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date