Edgar Filing: LEGG MASON, INC. - Form 5

| LEGG MAS Form 5 May 04, 201 | | | | | | | | | | |
|--|--|----------|--|--|--|--|------------------------------|----------------------|--|--|
| FORM | | | | | | | OMB AF | PROVAL | | |
| Check thi no longer to Section Form 4 o 5 obligati may cont <i>See</i> Instru 1(b). | UNITE s box if subject a 16. Form AN ons inue. Iction | INUAL ST | Was FATEMF OWNEF | RITIES AN shington, D ENT OF CH RSHIP OF 6(a) of the S | OMB Number: Expires: Estimated a burden hour response | | | | | |
| Form 3 H Reported Form 4 Transacti Reported | | | | - | ng Company Act company Act of 19 | of 1935 or Section 940 | I | | | |
| 1. Name and Address of Reporting Person <u>*</u> Merchant Thomas C | | | 2. Issuer Name and Ticker or Trading Symbol LEGG MASON, INC. [LM] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | (First) SON, INC., 1 FIONAL DRIV | | 3. Statem (Month/D 03/31/2 | Day/Year) | Fiscal Year Ended | Director X Officer (give below) | | Owner er (specify | | |
| II (I LICI (I | (Street) | L | | endment, Date nth/Day/Year) | Original | 6. Individual or Joi | int/Group Repo | - | | |
| BALTIMO | RE, MD 21 | 202 | | | | _X_ Form Filed by C Form Filed by M Person | | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-Der | ivative Securities A | cquired, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of Security | 2. Transaction I (Month/Day/Ye | | | 3. Transaction | 4. Securities Acquired (A) or | | 6. Ownership Form: Direct | | | |

| Security (Instr. 3) | (Month/Day/Year) | Execution Date, if any | Transaction Code | Acquired Disposed | ~ / | | Securities Beneficially | Form: Direct (D) or | Indirect Beneficial |
|------------------------|------------------|------------------------|---------------------|----------------------|--------------------|-----|--|----------------------------|-------------------------|
| (1131. 5) | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, Amount | 4 and (A) or | · | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | 02/05/2015 | Â | G | 365 | D | \$0 | 40,049.53 | D | Â |
| Common Stock | 02/09/2015 | Â | G | 180 | D | \$0 | 39,869.53 | D | Â |

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.

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. of D So B O E I S Fi (I |
|---|---|---|---|---|---|---------------------|--------------------|-------|--|---|--|
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|---------------------------------|-------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| Merchant Thomas C LEGG MASON, INC. 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202 | Â | Â | Exec VP & General Counsel | Â | | | | |
| Signatures | | | | | | | | |
| Melissa A. Warren, Attorney-in-fact f Merchant | | 05/04/2015 | | | | | | |
| **Signature of Reporting Pers | | Date | | | | | | |

Explanation of Responses:

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 provided 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.