longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP OF SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 November Expires: 30, 2011 Estimated average burden hours per response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 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	pe Responses	s)																
1. Name and Address of Reporting Person - FROST PHILLIP MD ET AL				2. Issuer Name <b>and</b> Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC [LTS]						J	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director X 10% Owner Officer (give title below)  Other (specify below)				to			
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 12/11/2003														
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filling(Check Applicable Line) _X_ Form filed by One Reporting Person				k			
MIAMI, FL 33137			Table I - Non-Derivative Securities A							Form filed by More than One Reporting Person								
(City)	(State)		(Zip)	Iai	ole I - No	n-D	erivative	56	ecur		cquirea, Disp ned	osea ot, c	or Be	neticially	<b>'</b>			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		2A. Deeme Execution if any (Month/Day	Date,	Code		4. Securitie Acquired (A Disposed of (Instr. 3, 4 a		A) or of (D)		5. Amount of Securities Beneficially Owned Following	6. Ownersh Form: Direct (D or Indirect	nip In Bo O) O	Nature of direct eneficial wnership nstr. 4)	f			
					Code	٧	Amoun	(	A) or D)	Price	Reported Transaction(s (Instr. 3 and 4)	(I)						
Common Stock, par value \$.0001 per share	12/11/200	)3			Р		62,90	o A	2 8	\$0.42	1,844,366	I	F G In	Held by Frost Gamma Investments Trust <sup>(1)</sup>				
	Report on a s v owned direct	tly or in	ndirectly.	curities	s Acquire	Per info req disp num	sons whormation uired to plays a conber.	res curi	onta spor rent	ined ir nd unle tly valid	the collection this form are ess the form d OMB contro	not	EC 14 (9-	174 02)				
1. Title of	2 /		g., puts, cansaction	IIs, wai				/ert		secur	ities) 6. Date Exerc	vicable.	7 Ti	itle and	9 Price	9 Number of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion Date		(Day/Year) Execut				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiratio (Month/Day/Y	n Date 'ear)	Amo Unde Secu	mount of nderlying ecurities sharr. 3 and (III	of Derivative Security (Instr. 5)	Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative	of Indirect Beneficial
							Code	V	(Δ'	) (D)	Date   Exercisable	Expiration Date	Title	Amount or Number of Shares				

# **Reporting Owners**

Dan artina Ouron Nama / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FROST PHILLIP MD ET AL 4400 BISCAYNE BOULEVARD MIAMI, FL 33137		Х					

## **Signatures**

/s/ Phillip Frost, M.D., and Phillip Frost, M.D., Trustee of Frost Gamma	
Investments Trust (Joint Filer)	12/11/2003
Signature of Reporting Person	Date

# **Explanation of Responses:**

- $^{\star}$   $\,$  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).

These assets are held by Frost Gamma Investments Trust, of which the reporting person is the trustee and Frost Gamma Limited Partnership is the sole and exclusive beneficiary. The reporting person is the sole limited partner

(1) of Frost Gamma L.P. The general partner of Frost Gamma, L.P. is Frost Gamma, Inc. and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation. The reporting person is also the sole shareholder of Frost-Nevada Corporation.

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.