

Check this box if no 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

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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

ype Responses)		-									
1. Name and Address of Reporting 2. Issuer N Person - Trading Sym ROSEN STEVEN A LADENBL					HALMA			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) below)			
(Last) (First) (Middle) C/O UNIQUE DENTAL CARE, 16-26 BELL BLVD.					ransactio	n					
(Street) BAYSIDE, NY 11360					ate Origir	nal	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				eriv	ative Se	curit					
2. Transaction Date (Month/Day/Year)	Execution if any	Date,	Transaci Code (Instr. 8)		Acquired Dispose (Instr. 3)	d (A) d of 4 a (A) or	or (D) nd 5)	(Instr. 3 and	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	ISTEVEN A (First) IQUE DENTAL 16-26 BELL BL (Street) DE, NY 11360 (State) 2. Transaction Date	And Address of Reporting I STEVEN A IQUE DENTAL 16-26 BELL BLVD. (Street) DE, NY 11360 (State) (Zip) 2. Transaction Date (Month/Day/Year) if any	And Address of Reporting I STEVEN A I ST	And Address of Reporting A STEVEN A STEVEN A (First) (First) (Middle) (First) (Middle) (Street) (and Address of Reporting 2. Issuer Name an Trading Symbol LADENBURG T FINANCIAL SEI [LTS] (First) (Middle) IQUE DENTAL 3. Date of Earliest T (Month/Day/Year) 16-26 BELL BLVD. 03/03/2005 (Street) 4. If Amendment, D Filed(Month/Day/Year) DE, NY 11360 Table I - Non-Deriv (State) (Zip) 2. Iransaction Date 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction 3. Transaction Ode (Instr. 8)	and Address of Reporting 2. Issuer Name and Ticker Trading Symbol LADENBURG THALMA FINANCIAL SERVICES [LTS] (First) (Middle) 16-26 BELL BLVD. 3. Date of Earliest Transactio (Month/Day/Year) 03/03/2005 (Street) 4. If Amendment, Date Origin Filed(Month/Day/Year) 02E, NY 11360 (State) (Zip) 2. Transaction Date (Month/Day/Year) 24. Deemed Execution Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 24. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Date (Instr. 8)	and Address of Reporting J STEVEN A 2. Issuer Name and Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES IN [LTS] (First) (Middle) 16-26 BELL BLVD. 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Armendment, Date Original Filed(Month/Day/Year) (State) (Zip) 2. Transaction Date (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 4. Securities Acquired (A) Disposed of (Instr. 8)	and Address of Reporting 2. Issuer Name and Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC [LTS] (First) (Middle) 16-26 BELL BLVD. 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2005 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) DE, NY 11360 (State) (Zip) 2. Transaction Date (Month/Day/Year) 2. Transaction If any (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. A to be the securities (Month/Day/Year) 3. A to be the securities (Month/Day/Year)	and Address of Reporting J STEVEN A 2. Issuer Name and Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC [LTS] 5. Relationship to Issuer (Check <u>ADENBURG THALMANN</u> FINANCIAL SERVICES INC [LTS] (First) IIQUE DENTAL 16-26 BELL BLVD. (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2005 3. Date of Earliest Transaction (Month/Day/Year) 6. Individual or Applicable Line) <u>X Form filed by C</u> Form filed by C Form filed b	And Address of Reporting J STEVEN A 2. Issuer Name and Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC 5. Relationship of Reporting (Check all applicab (Check all app	

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

Persons who respond to the collection of sEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
Security (Instr. 3)	Conversion	Date (Month/Day/Year)	Execution Date,	Code	ion	5. Number of Deriva Securitie Acquired or Dispose of (D) (Instr. 3, and 5)	ber 6. Date Exercisable and Expirative Expiration Date (Month/Day/Year) d (A) osed		of Underlying Securities		of Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial Ownership	
				Code	V	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to Buy)	\$ 0.48	03/03/2005		A		20,000		03/03/2006	03/02/2015	Common Stock	20,000	\$ 0.48	20,000	D	

Reporting Owners

Banasting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ROSEN STEVEN A C/O UNIQUE DENTAL CARE 16-26 BELL BLVD. BAYSIDE, NY 11360	x						

Signatures

/s/ Steven A. Rosen	03/03/2005
-Signature of Reporting Person	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 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.