#### FORM 4

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

OMB APPROVAL

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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

(Print or Ty	pe Response	es)											-			
Name and Address of Reporting Person - Gilinski Saul				2. Issuer Name <b>and</b> Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC [LTS]					to	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  X Director 10% Owner Officer (give title below)  Officer (specify below)						
(Last) (First) (Middle) C.I. FARMACAPSULAS S.A., 1893 S.W. THIRD STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/08/2007												
(Street) POMPANO BEACH, FL 33069				4. If Amendment, Date Original Filed(Month/Day/Year)					A;	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)				Table I - Non-Derivative Securities Acquired, Dispose Owned							ed of, or E	Beneficially				
1.Title of Security (Instr. 3)	Security Date		2A. Deemed Execution Date, if any (Month/Day/Year)		Code		4. Securities n Acquired (A) or Disposed of (D) (Instr. 3, 4 and		D) d 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership				
					Code	V	Amount	(A) or (D)		Transaction(s) (Instr. 3 and 4)	(Instr. 4)					
Common Stock	101/08/2007						100,000	Α	\$ 1.2	963,600	D					
	Report on a owned direct			each clas		Per info req dis	sons who ormation c uired to re	onta spo	ained in nd unl	o the collection n this form are ess the form d OMB control	not	EC 1474 (9-02)				
	Table					-		-		ficially Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Tran Date (Month, rercise rice of erivative		3A. De Execut			4. Transaction Code (Instr. 8)		amber erivative ecurities quired or sposed (D) str. 3, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative e Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code V	(A	(D)	Date Exercisable D	Expiration Date	Amount or Title Number of Shares				

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
neporting Owner Name / Address	Director	10% Owner	Officer	Other			
Gilinski Saul C.I. FARMACAPSULAS S.A. 1893 S.W. THIRD STREET POMPANO BEACH, FL 33069	Х						

#### **Signatures**

/s/ Saul Gilinski	01/09/2007
-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).
- $_{\star\star}$  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.