FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB 32	235-			
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response	0.5			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)									
1. Name and Address of Reporting Person * Liebowitz Michael	Stateme (Month/	nt Day/Year	-	LADENBU	3. Issuer Name and Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC. [LTS]				
(Last) (First) (Middle 4400 BISCAYNE BOULEVARD, SUITE 818	e) 01/23/2	PersX_		Person(s) to I	ip of Reporting ssuer all applicable		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) MIAMI, FL 33137					Officer (give Other (specify			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)	1	Tal	ole I	- Non-Derivati	ve Securitie	s Bene	eficially	Owned	
			eficia	t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	ect (Instr. 5)			
Common Stock 143			,496		D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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.									
1. Title of Derivative Security (Instr. 4) 2. Date Exert and Expiration (Month/Day/Yes		Exercisable 3. To Security Sec		tle and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of	5. n Own	nership m of ivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date F Exercisable I	Title Al		Amount or Numb of Shares	Derivative Security	Dire or In (I)	urity: ect (D) ndirect tr. 5)		
Reporting Owners									

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Liebowitz Michael						
4400 BISCAYNE BOULEVARD	X					
SUITE 818	Λ					
MIAMI, FL 33137						

Signatures

/s/ Michael Liebowitz	01/29/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.