#### 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)                      |             |  |   |        |                            |       |   |                  |   |                                    |                          |                        |                       |  |                      |  |
|----------------------------------|----------------------|--------------------------|-------------|--|---|--------|----------------------------|-------|---|------------------|---|------------------------------------|--------------------------|------------------------|-----------------------|--|----------------------|--|
| 1. Name and Address of Reporting |                      |                          |             | 2. Issuer Name <b>and</b> Ticker or Trading                                |   |        |                            |       |   | .9               | 5. Relationship of Reporting Person(s)                  |                                    |                          |                        |                       |  |                      |  |
| Person *- ROSEN STEVEN A         |                      |                          |             | Symbol LADENDE THAT MANIN  |   |        |                            |       |   | TC               | to Issuer<br>(Check all applicable)                     |                                    |                          |                        |                       |  |                      |  |
| HOSEN                            | SIEVENI              | ٦.                       |             | LADENBURG THALMANN FINANCIAL SERVICES INC                                  |   |        |                            |       |   | -                | X Director 10% Owner Officer (give title Other (specify |                                    |                          |                        |                       |  |                      |  |
|                                  |                      |                          |             | [LTS]  |   |        |                            |       |   | be               | below) below)   |                                    |                          |                        |                       |  |                      |  |
| (Last)                           | (First)              |                          | Middle)     | 3. Date  | of Earlies                              | t Tra  | ansactio                   | n     |   |                  |   |                                    |                          |                        |                       |  |                      |  |
| C/O UNIQUE DENTAL                |                      |                          |             | (Month/Day/Year)   |   |        |                            |       |   |                  |   |                                    |                          |                        |                       |  |                      |  |
| CARE, 16-26 BELL BLVD.           |                      |                          |             | 04/27/2006   |   |        |                            |       |   |                  | 6. Individual or Joint/Group Filing(Check               |                                    |                          |                        |                       |  |                      |  |
| (Street)                         |                      |                          |             | 4. If Amendment, Date Original Filed(Month/Day/Year)                       |   |        |                            |       | Α   | Applicable Line) |   |                                    |                          |                        |                       |  |                      |  |
| BAYSID                           | BAYSIDE, NY 11360    |                          |             |  |   |        |                            | _     | _X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |                  |   |                                    |                          |                        |                       |  |                      |  |
| (City)                           | (State)              |                          | (Zip)       | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially |   |        |                            |       |   |                  |   |                                    |                          |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        | 1                          |       |   | Owne             |   |                                    |                          |                        |                       |  |                      |  |
| 1.Title of<br>Security           |                      | Date (Month/Day/Year) if |             | ned<br>n Date,   | 3.<br>Transaction<br>Code<br>(Instr. 8) |        | 4. Securities Acquired (A) |       |   |                  | 5. Amount of<br>Securities                              | 6.<br>Ownershir                    | 7. Nature of Indirect    |                        |                       |  |                      |  |
| (Instr. 3)                       |                      |                          |             | ŕ  |   |        | Disposed of (D)            |       |   | )                | Beneficially  | Form:<br>Direct (D)<br>or Indirect | Beneficial<br>Ownership  |                        |                       |  |                      |  |
|                                  |                      |                          |             | ay/Year)   |   |        | (Instr. 3, 4 and 5)        |       | 5)  | Owned Following  |   |                                    |                          |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        |                            | ١,    | • .   |                  | Reported  | (I)                                |                          |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        |                            | ()    | A)<br>or  |                  | Transaction(s) (Instr. 3 and                            | (Instr. 4)                         |                          |                        |                       |  |                      |  |
|                                  |                      |                          |             |  | Code                                    | ٧      | Amour                      | nt (I | D) P  | rice             | 4)  |                                    |                          |                        |                       |  |                      |  |
| Commor<br>Stock                  | 04/27/20             | 06                       |             |  | Р                                       |        | 40,00                      | 0 4   | ۱  \$   | .45              | 60,000  | D                                  |                          |                        |                       |  |                      |  |
| Otoott                           |                      |                          |             |  |   |        | <u> </u>                   |       | J   |                  |   |                                    |                          |                        |                       |  |                      |  |
|                                  | Report on a so       |                          |             | each clas  | s of secu                               | uritie | es                         |       |   |                  |   |                                    |                          |                        |                       |  |                      |  |
|                                  |                      | , 0                      | ian oonly . |  |   | Per    | sons w                     | no r  | espo  | ond 1            | to the collection                                       | on of SI                           | EC 1474                  |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        |                            |       |   |                  | in this form an<br>less the form                        | e not                              | (9-02)                   |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        |                            |       | •   |                  | lid OMB contro  | ol                                 |                          |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        | nber.                      |       |   | -                |   |                                    |                          |                        |                       |  |                      |  |
|                                  | Table                | II - De                  | rivative S  | ecurities  | s Acquire                               | ed, [  | Dispose                    | d of  | f, or   | Ben              | eficially Owned   | d                                  |                          |                        |                       |  |                      |  |
|                                  | I I                  | (e.g                     | g., puts, c | alls, wa   | rrants, o                               | otio   | ns, con                    |       | ible  |                  | urities)  |                                    | ı                        |                        |                       | 1  | 1                    | 1  |
| Title of Derivative              |                      |                          | saction     | 3A. De   | emed<br>tion Date                       |        | I.<br>Γransact             | ion   | 5.<br>Num   | nher             | 6. Date Exer and Expiration                             |                                    | 7. Title<br>Amount       |                        | 8. Price of           | <ol><li>Number of<br/>Derivative</li></ol> | 10.<br>Ownership     | <ol><li>11. Nature<br/>of Indirect</li></ol> |
| Security                         | or                   | r (Month/Day/Yea         |             | r) if any  | ,                                       |        | Code<br>(Instr. 8)         |       | of<br>Derivat<br>Securit  |                  | (Month/Day/   | Year)                              | Underlying               | Derivative             | Securities            | Form of                                    | Beneficial           |  |
| (Instr. 3)                       | Exercise<br>Price of |                          |             | (Month   |   |        |                            |       |   |                  |   |                                    | Securities (Instr. 3 and | Security<br>(Instr. 5) | Beneficially<br>Owned | Derivative Security:                       | Ownership (Instr. 4) |  |
|                                  | Derivative           |                          |             |  |   |        |                            |       |   | uired            |   |                                    | 4)                       | anu                    | (111311. 3)           | Following                                  | Direct (D)           | (111311. 4)                                  |
|                                  | Security             |                          |             |  |   |        |                            |       | (A)   | or<br>oosed      | 4   |                                    |                          |                        |                       | Reported<br>Transaction(s)                 | or Indirect          |  |
|                                  |                      |                          |             |  |   |        |                            |       | of (E   |                  | <u>ا</u>  |                                    |                          |                        |                       | (Instr. 4)                                 | (Instr. 4)           |  |
|                                  |                      |                          |             |  |   |        |                            |       |   | tr. 3,<br>nd 5)  |   |                                    |                          |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   | _      |                            |       | +, a  | 110 3)           | )   |                                    | Ar                       | nount                  |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        |                            |       |   |                  | Date  | Expiration                         | or                       |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        |                            |       |   |                  |   | Date                               | Title Nu                 |                        |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        | Code                       | ٧     | (A)   | (D               | ))  |                                    | _                        | nares                  |                       |  |                      |  |
|                                  |                      |                          |             |  |   |        |                            |       |   |                  |   |                                    |                          |                        |                       |  |                      |  |

## Reporting Owners

| Panarting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10% Owner | Officer | Other |  |  |  |
| ROSEN STEVEN A<br>C/O UNIQUE DENTAL CARE<br>16-26 BELL BLVD.<br>BAYSIDE, NY 11360 | Х             |           |         |       |  |  |  |

#### **Signatures**

| /s/ Steven A. Rosen            | 04/27/2006 |
|--------------------------------|------------|
| -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.