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	Type Response	s)												3		
Name and Address of Reporting Person - Gillinski Saul				2. Issuer Name and Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC [LTS]						Relationship of Reporting Person(s) to Issuer (Check all applicable) Officer (give titleOther (specify below)						
(Last) (First) (Middle) C.I. FARMACAPSULAS S.A., 1893 S.W. THIRD STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/29/2007												
POMPANO BEACH, FL 33069				4. If Amendment, Date Original Filed(Month/Day/Year)						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 Ad Own												
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Yo	ear)	2A. Deeme Execution I if any (Month/Day	Date,	3. Transac Code (Instr. 8)	tion)	4. Secu Acquired Dispose (Instr. 3	d (A) or ded of (E), 4 and (A) or	D) d 5)	(Instr. 3	es ally d i	` '	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	r: Report on a s illy owned direc			each c	lass of s	P:	ersons i	on co	ntaiı	ond to the ned in thi d unless	s form	n are not	SEC 1474 (9-02)			
	Table	II - C	Derivative S	Securit	ties Acqu	nı	umber.			y valid Ol Beneficia						
			e.g., puts,													
1. Title o	f 2.	3. Tr	ansaction		Deemed		4.			umber	6. Date	e Exercisab	le and	7. Title and Amount	8. Price	9. Number of

Security (Instr. 3)	Conversion	Date (Month/Day/Year)	Execution Date,	Code		5. Number of Deriva Securitie Acquired or Disposof (D) (Instr. 3, and 5)	tive s (A) sed	6. Date Exerci Expiration Dat (Month/Day/Yo	e ear)	of Underlying Securities (Instr. 3 and 4)		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	٧	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)		
Stock Option (Right to Buy)	\$ 2.3	06/29/2007		А		20,000		06/29/2008	06/28/2017	Common Stock	20,000	\$ 2.3	20,000	D		

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting 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	06/29/2007
-Signature of Reporting Person	Date

Explanation of Responses:

- $^{\star}~$ If the form is filed by more than one reporting person, \emph{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.