FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Typo Roc

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

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Name and Address of Reporting Person - FROST PHILLIP MD ET AL			2. Issuer Name and Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC [LTS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _XDirector Officer (give title below) Check all applicable) Other (specify below)				
4400 B BOULE	3. Date of Earliest Transaction (Month/Day/Year) 06/29/2007											
MIAMI,	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						ative Sec	curities Acquired, Disposed of, or Beneficially Owned					
1.Title of Date 2A. Deem Execution Security (Instr. (Month/Day/Year) (Month/Day/Year)		Date, Transac Code			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		or (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
3)				Code	٧	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.												
										SEC 1474 (9-02)		
	Table II. Desirative Constitute Associated Discount of an Bounfailly Council											

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er	6. Date Exerc	sable and	7. Title and	Amount	8. Price	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date,	Transact	ion	of Derivative		Expiration Date		of Underlying		of	Derivative	Ownership	of Indirect
Security	or	(Month/Day/Year)	if any	Code		Securities		(Month/Day/Year)		Securities		Derivative	Securities	Form of	Beneficial
(Instr. 3)	Exercise		(Month/Day/Year)	(Instr. 8)		Acquired (A)			(Ins		(Instr. 3 and 4)		Beneficially	Derivative	Ownership
	Price of					or Disposed						(Instr. 5)	Owned	Security:	(Instr. 4)
	Derivative					of (D)							Following	Direct (D)	,
	Security					(Instr. 3, 4,					Reported	or Indirect			
	·					and 5)							Transaction(s)	(I)	
											Amount		(Instr. 4)	(Instr. 4)	
											or				
								Date	Expiration	Title	Number				
								Exercisable	Date	Title	of				
				Code	٧/	(A)	(D)				Shares				
				Code	<u> </u>	(^)	(D)				Ollaics				
Stock															
Option										Common					
(Right	\$ 2.3	06/29/2007		Α		20,000		06/29/2008	06/28/2017	Stock	20,000	\$ 2.3	20,000	D	
, -										Stock					
to Buy)															

Reporting Owners

Depositing Owney Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FROST PHILLIP MD ET AL 4400 BISCAYNE BOULEVARD	Х	Х					
MIAMI, FL 33137							

Signatures

/s/ Dr. Phillip Frost	07/03/2007
-Signature of Reporting Person	Date

Explanation of Responses:

- * 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.