## 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	ype Responses)									
1. Name Person - Kaufma	2. Issuer Name <b>and</b> Ticker or Trading Symbol LADENBURG THALMANN FINANCIAL SERVICES INC [LTS]					Relationship of Reporting Person(s) to Issuer     (Check all applicable)     Director     X Officer (give title Other (specify below)     Vice President and CFO				
(Last) 4400 B BLVD.,	3. Date of Earliest Transaction (Month/Day/Year) 01/14/2010									
MIAMI,	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)	Table I - Non-Derivative Securities Ad Own									
1.Title of Security (Instr. 3)	Date Execution (Month/Day/Year) if any		Date,	Date, Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  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.										

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

<ol> <li>Title of</li> </ol>	2.	<ol><li>Transaction</li></ol>	3A. Deemed	4.		5. Number	er	<ol><li>Date Exer</li></ol>	rcisable and	7. Title and	Amount	8. Price	<ol><li>Number of</li></ol>	10.	<ol><li>Nature</li></ol>	ı
Derivative	Conversion	Date	Execution Date,	Transact	tion	of Deriva	tive	Expiration D	ate	of Underlyin	g	of	Derivative	Ownership	of Indirect	ı
Security	or	(Month/Day/Year)	if any	Code		Securities	S	(Month/Day/	Year)	Securities	-	Derivative	Securities	Form of	Beneficial	ı
(Instr. 3)	Exercise		(Month/Day/Year)	(Instr. 8)		Acquired	(A)			(Instr. 3 and	l 4)	Security	Beneficially	Derivative	Ownership	l
	Price of					or Dispos	ed					(Instr. 5)	Owned	Security:	(Instr. 4)	l
	Derivative					of (D)							Following	Direct (D)		1
	Security					(Instr. 3,	4,						Reported	or Indirect		l
						and 5)							Transaction(s)	(1)		l
											Amount		(Instr. 4)	(Instr. 4)		l
								Date	Expiration		or					l
								Exercisable		Title	Number					l
				Code	V	(A)	(D)				Shares					l
				Couc	٧	(八)	(D)				Onarcs					l
Stock														ĺ		l
Option	<b>*</b> • • •	04/44/0040		^		F0 000		<u>(1)</u>	04/44/0000	Common	F0 000	Φ.0	50,000			l
(Right	\$ 0.9	01/14/2010		Α		50,000		<del>(1)</del>	01/14/2020	Stock	50,000	\$0	50,000	D		l
to Buy)														ĺ		l
to Duy)																

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Kaufman Brett 4400 BISCAYNE BLVD. 12TH FLOOR MIAMI, FL 33137			Vice President and CFO					

### **Signatures**

/s/ Brett Kaufman	01/15/2010
Signature of Reporting Person	Date

#### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person,  $\emph{see}$  Instruction  $4(\emph{b})(\emph{v})$ .
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The option will vest in four equal annual installments commencing on the first anniversary of the date of grant (1) provided that Mr. Kaufman is then still an employee of the Company or any of its subsidiaries, subject to earlier vesting upon his death or disability or a change of control of the Company.

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.