# FORM 4

### **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

longer subject to or Form 5 obligations may continue. See

Instruction 1(b).

#### Section 16. Form 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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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 Typ  | pe Respons                   | es)                 |                              |                                 |   |             |                       |   |        |  |  |                    |   |  |  |  |  |  |
|--|------------------------------|---------------------|------------------------------|---------------------------------|---|-------------|-----------------------|---|--------|--|--|--------------------|---|--|--|--|--|--|
|  |                              |                     |                              | 2. Issuer<br>Svmbol             | 2. Issuer Name <b>and</b> Ticker or Trading           |             |                       |   |        |  | 5. Relationship of Reporting Person(s) to Issuer   |                    |   |  | to   |  |  |  |
| Malamed Adam Scott LAI   |                              |                     |                              | LADENE                          | ADENBURG THALMANN INANCIAL SERVICES INC [LTS]         |             |                       |   |        |  | (Check all applicable)  Director  Officer (give title Other (specify   |                    |   |  |  |  |  |  |
| (Last) (First) (Middle) 3. D<br>4400 BISCAYNE BLVD., 12TH (Mo            |                              |                     |                              |                                 | Date of Earliest Transaction onth/Day/Year) 5/23/2012 |             |                       |   |        |  | below) below) Chief Operating Officer  |                    |   |  |  |  |  |  |
| (Street) 4. If   |                              |                     |                              |                                 | If Amendment, Date Original ed(Month/Day/Year)        |             |                       |   |        |  | 6. Individual or Joint/Group Filling(Check Applicable Line) _X_ Form filed by One Reporting Person               |                    |   |  |  |  |  |  |
| (City)   | (State)                      | (                   | Zip)                         | Table I                         | - No  | n-De        | rivativ               | e Se  | curiti | es Ad<br>Own   | Form filed by cquired, Dispo   | More than          | One Re  | porting Person   | n  |  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                     | 2. Trans<br>Date<br>(Month/l | action<br>Day/Year) | any                          | med<br>on Date, if<br>Day/Year) | Cod   | e<br>tr. 8) | on Acc<br>Dis<br>(Ins | quire<br>pose<br>str. 3                                   | (A) or | or<br>(D)<br>d 5)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 3 and 4 | For Dire or li (I) |   | 7. Nature<br>of Indirect<br>Beneficia<br>Ownersh<br>(Instr. 4) | ct<br>al   |  |  |  |
| Common   | 05/23/2                      | 2012                |                              |                                 |   | >           |                       | 000   | A      | \$<br>1.44   | 163,478  | D                  |   |  |  |  |  |  |
|  | 7                            |                     |                              |                                 |   |             | d, Dis                | pose  | ed of, | or Be  | _  |                    |   |  |  |  |  |  |
|  |                              | e.g., puts          | 3A. Deer<br>Execution<br>any | rrant<br>ned<br>n Dat           | acquired, Disponts, co                                |             |                       | osed of, or B<br>onvertible se<br>5.<br>tion Number<br>of |        | eneficially Ow<br>curities)  6. Date Exer<br>and Expiration<br>(Month/Day/ | ned<br>cisable<br>on Date  | Am<br>Un<br>Sec    | Fitle and count of derlying curities str. 3 and |  | Owned<br>Following<br>Reported<br>Transaction(s) | Security:<br>Direct (D)<br>or Indirect | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |                              |                     |                              |                                 |   | -           |                       |   | (Inst  |  |  |                    |   | Amount   |  | (Instr. 4)                             | (111511.4)   |  |
|  |                              |                     |                              |                                 |   |             | Code                  | V   | (A)    | (D)  | Exercisable  | Expirati<br>Date   | Titl  | e Number<br>of<br>Shares                                       |  |  |  |  |
| Repor  | ting O                       | wner                | S                            |                                 |   |             |                       |   |        |  |  |                    |   |  |  |  |  |  |
| _  | B " O N (ALL                 |                     |                              |                                 | Relationships   |             |                       |   |        |  |  |                    | ]   |  |  |  |  |  |
| Reporting Owner Name / Address   |                              |                     | Dire                         | Director 10%                    |   |             | Of                    | fficer  |        |  | Other  |                    |   |  |  |  |  |  |
| Malamed Adam Scott<br>4400 BISCAYNE BLVD., 12TH FLOOF<br>MIAMI, FL 33137 |                              |                     | OR                           |                                 |   | Chief Ope   |                       |   | Oper   | ating Office   | r  |                    |   |  |  |  |  |  |

### **Signatures**

| /s/ Adam S. Malamed            | 05/23/2012 |
|--------------------------------|------------|
| -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).
- \*\* 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.