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

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

OMB A	APPROVAL
OMB	3235
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burden h	ours per
response	0.

1. Name and Address of Reporting Person * Gilinski Saul 2. Issuer Name and T Symbol LADENBURG TH FINANCIAL SER					MANN	Ü	'S]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% OwnerOfficer (give titleOther (specify below			
()	(First) (Middle) , 1893 S.W. THIR	D (Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 03/27/2013					below)			
POMPANO BEA	Street) ACH, FL 33069	4. If Amendn Filed(Month/Da	e Original				6. 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 - I	Non-Dei	ivat	ive Secur	ities .	Acqui	red, Disposed	of, or I	Beneficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Instr. 8	Disposed of (D)		5. Amount of Securities Beneficially C Following Re Transaction(s (Instr. 3 and 4	Owned ported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	03/27/2013		P		10,000	A	\$ 1.63	1,023,600		D	
Reminder: Report on directly or indirectly.	a separate line for ea	ach class of securitie	s benefic	ially	owned						
				inf red	ormation	res	itaine pond	nd to the colle ed in this forr unless the fo control num	n are r orm dis	ot	SEC 1474 (9-02)
		Derivative Securitie							d		
		e.g., puts, calls, war		ptio							
1. Title of 2.	3. Transaction	3A. Deemed	4.		5.			Exercisable	7. Titl		Price of 9. N

	(c.g., puts, cans, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exercisable		6. Date Exercisable		6. Date Exercisable		6. Date Exercisable		7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n Nur	nber	ber and Expiration Date		Date Amount of		Derivative	Derivative	Ownership	of Indirect						
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day/Year)		(Month/Day/Year)		(Month/Day/Year)		Unde	erlying	Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Der	ivative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership						
	Derivative				Sec	urities							(Inst	r. 3 and		Owned	Security:	(Instr. 4)		
	Security				Acq	uired			4)			Following	Direct (D)							
					(A)	or						Reported	or Indirect							
					,	posed					Transaction(s)	(I)								
					of ((Instr. 4)	(Instr. 4)							
					,	str. 3,														
					4, a	4, and 5)														
										Amount										
							Date	Familiantian		or										
							Exercisable	Expiration Date	Title	Number										
							Exercisable	Date		of										
				Code V	(A)	(D)				Shares										

Reporting Owners

Donouting Own on Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Gilinski Saul CAPSCANADA 1893 S.W. THIRD STREET POMPANO BEACH, FL 33069	X						

Signatures

/s/ Saul Gilinski	03/27/2013
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.