FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL			
OMB Number:	3235-0287			
Estimated average burden				
hours per response.	0.5			

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses) 1. 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) _X_Director Officer (give title below) Other (specify below)						
4400 BIS	*	(First) BOULEVARD		3. Date of Earliest Transaction (Month/Day/Year) 05/18/2016											
(Street) MIAMI, FL 33137			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu			Acquired,	uired, Disposed of, or Beneficially Owned							
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Dee Execution any (Month/	on Da	e, if C		(A) (Ins	Gecurities Acquer or Disposed of Str. 3, 4 and 5) (A) or nount (D)	f (D) Own Trans			ed	Ownership of Form:	Beneficial Ownership
Reminder:								containe	who respon d in this forr plays a curre	n are not	required	to respon	d unless th		474 (9-02)
			Table II -	Derivativ	ve Sec	urities	Acqui	containe form dis	d in this forr plays a curre	n are not ently valid	required OMB co	to respon	d unless th		4/4 (9-02)
Title of Derivative Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	s, calls	. Numb f Derivative ecurities acquired A) or Disposed D)	ants, coer 6 I	containe form dis	d in this form plays a curre ed of, or Bene vertible securi cisable and ate	n are not a ently valid	required OMB co	to respond ontrol num	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	of 10. Ownersh: Form of Derivativ Security: Direct (D or Indirect (s) (I)	11. Nature of Indire Beneficie Ownersh (Instr. 4)
Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls 5 ction G I B) S A (((((((((((((((((((((((((((((((((((. Numb f Derivative ecurities (cquired A) or Disposed	ants, coer 6 I	containe form disp ired, Dispose options, conv 6. Date Exerc Expiration Da	d in this form plays a curre ed of, or Bene vertible securi cisable and ate	n are not of ently valid ficially Ownties) 7. Title and Amount of Underlying Securities	required OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownersh: Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indire Benefici e Ownersh (Instr. 4)
Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls 5 ction G I B) S A (((((((((((((((((((((((((((((((((((warra Numb f Derivative ecurities acquired A) or Disposed D) Instr. 3,	ants, open of H	containe form disp ired, Dispose options, conv 6. Date Exerc Expiration Da	d in this form plays a curre ed of, or Bene vertible securi cisable and ate	n are not of ently valid ficially Ownties) 7. Title and Amount of Underlying Securities	required OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	of 10. Ownersh: Form of Derivativ Security: Direct (D or Indirect (s) (I)	11. Nature of Indire Beneficie Owners! (Instr. 4)

Reporting Owners

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

Signatures

/s/ Phillip Frost, M.D.	05/19/2016
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.