#### FRIEDMAN BRIAN P

Form 4

January 31, 2019

# FORM 4

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

**OMB** Number:

3235-0287

2005

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Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires:

**OMB APPROVAL** 

Section 16. Form 4 or Form 5

**SECURITIES** 

Estimated average burden hours per response...

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * FRIEDMAN BRIAN P			2. Issuer Name and Ticker or Trading  Symbol  Leffering Financial Crown Lea (HEF)	5. Relationship of Reporting Person(s) to Issuer			
			Jefferies Financial Group Inc. [JEF]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				
C/O JEFFERIES FINANCIAL GROUP INC., 520 MADISON AVE.			(Month/Day/Year) 01/29/2019	Director 10% Owner Officer (give title Other (specify below) President			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
NEW YORK, NY 10022			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I Non Derivative Securities Acc	wired Disposed of ar Reposicially Owned			

(City)	(State) (	Table Table	e I - Non-D	erivative Se	ecuriti	es Acqu	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		3.	4. Securitie			5. Amount of	6. Ownership		
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Disp	posed c	of (D)	Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)			Owned	Indirect (I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)	
					( ) )		Reported			
					(A)		Transaction(s)			
					or		(Instr. 3 and 4)			
			Code V	Amount	(D)	Price	()			
Common Stock	01/29/2019		A(1)	312,015 (1)	A	\$0	8,393,485	D (2)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: FRIEDMAN BRIAN P - Form 4

	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	<b>:</b>		Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FRIEDMAN BRIAN P C/O JEFFERIES FINANCIAL GROUP INC. 520 MADISON AVE. NEW YORK, NY 10022

President

### **Signatures**

/s/ Roland T. Kelly, by power of attorney

01/31/2019

\*\*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).
- (1) Acquisition of restricted stock units pursuant to previously reported grant of 2016 Long-Term Performance-Linked Restricted Stock Units.
- (2) Includes 20,233 shares indirectly held by the Reporting Person by the Trustee under the Profit Sharing Plan for the benefit of the Reporting Person. Includes 230,000 shares indirectly held through a family trust.

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.

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