**Kugler Jeffrey** Form 3 April 09, 2010

# FORM 3

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

**OMB APPROVAL** 

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Kugler Jeffrey

(Last) (Middle) (First)

**BROADPOINT GLEACHER** SECURITIES GROUP INC. 12 EAST 49TH STREET, 31ST **FLOOR** 

(Street)

(City) (State) (Zip)

NEW YORK. NYÂ 10017

1. Title of Security (Instr. 4)

Common Stock

Statement

03/31/2010

(Month/Day/Year)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

BROADPOINT GLEACHER SECURITIES GROUP,

INC. [BPSG]

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

Director 10% Owner X\_ Officer

Other (give title below) (specify below) Chief Financial Officer

6. Individual or Joint/Group

Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Form filed by More than One

Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

82,426 (1)

Ownership Form:

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Â

Direct (D) or Indirect (I)

(Instr. 5) D

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.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** 

4. Conversion

5. Ownership

6. Nature of Indirect Beneficial Ownership

or Exercise Form of (Instr. 5)

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(Instr. 4) Price of Derivative Derivative Security: Date **Expiration Title** Amount or Security Direct (D) Exercisable Number of or Indirect Shares (I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Kugler Jeffrey

BROADPOINT GLEACHER SECURITIES GROUP INC 12 EAST 49TH STREET, 31ST FLOOR

NEW YORK, NYÂ 10017

Relationships

Other

A Â Chief Financial Officer Â

# **Signatures**

/s/ Jeffrey
Kugler

\*\*Signature of Reporting Person

O4/09/2010

Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).

The shares reported in this Form 3 consist of equity awards granted to the reporting person pursuant to the issuer's 2007 Incentive Compensation Plan as follows: 50,000 restricted stock units ("RSUs") representing shares of common stock of the issuer granted on April 28, 2008 subject to vesting over a three year period (33,334 of such RSUs remain subject to vesting in equal annual installments on April

(1) 28, 2010 and April 28, 2011, respectively); 20, 661 RSUs granted on February 13, 2009, subject to vesting over a three year period (13,775 of such RSUs remain subject to vesting in equal annual installments on February 13, 2011 and February 13, 2012, respectively); and 11,765 restricted shares granted on February 11, 2010 which vest in equal annual installments of approximately 33% commencing on February 11, 2011 through February 11, 2013.

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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