

KCG Holdings, Inc.
Form 3
December 05, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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 * | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol |
| JEFFERIES LLC | 11/25/2013 | KCG Holdings, Inc. [KCG] |
| (Last) (First) (Middle) | (Month/Day/Year) | |
| 520 MADISON AVE. | | 4. Relationship of Reporting Person(s) to Issuer |
| (Street) | | (Check all applicable) |
| | | <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) |
| NEW YORK, NY 10022 | | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (City) (State) (Zip) | | |
| | | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| | | <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Class A Common Stock | 16,467,774 | D | |

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

SEC 1473 (7-02)

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.

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 (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|--|--|--|
| | Date Exercisable | Expiration Date | Title | Amount or Number of | |

Shares

(I)
(Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| JEFFERIES LLC 520 MADISON AVE. NEW YORK, NY 10022 | Â | Â X | Â | Â |
| Jefferies Group LLC 520 MADISON AVENUE NEW YORK, NY 10022 | Â | Â X | Â | Â |
| Limestone Merger Sub LLC 315 PARK AVENUE SOUTH NEW YORK, NY 10010 | Â | Â X | Â | Â |
| LEUCADIA NATIONAL CORP 520 MADISON AVENUE NEW YORK, NY 10022 | Â | Â X | Â | Â |

Signatures

| | |
|---|------------|
| /s/ Roland T. Kelly, MD and Associate General Counsel of Jefferies LLC | 12/05/2013 |
| Signature of Reporting Person | Date |
| /s/ Roland T. Kelly, Assistant Secretary of Jefferies Group LLC | 12/05/2013 |
| Signature of Reporting Person | Date |
| /s/ Roland T. Kelly, Authorized Person of Limestone Merger Sub, LLC | 12/05/2013 |
| Signature of Reporting Person | Date |
| /s/ Roland T. Kelly, Associate General Counsel of Leucadia National Corporation | 12/05/2013 |
| Signature of Reporting Person | 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).

Â

Remarks:

Jefferies Group LLC, Limestone Merger Sub, LLC and Leucadia National Corporation are either direct or indirect owners of the reporting person.

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.