### Edgar Filing: LEGG MASON INC - Form 4

LEGG MAS	ON INC											
Form 4												
July 13, 2005	5											
FORM 4 UNITED STATES SECURI										OMB APPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer							Expires:	January 31,				
subject to		EMENT O	F CHAN			CIA	LOW	NERSHIP OF	Estimated average			
Section 16. SECURITIES								burden hours per				
Form 4 or Form 5			~ • •		~	_			response	response 0.5		
obligatior	<b>n</b> o '	*						ge Act of 1934,				
may conti				•	•	- ·		of 1935 or Sectio	n			
See Instru	uction	30(h)	) of the Inv	vestment	Company	y Act	of 19	40				
1(b).												
(Print or Type R	Responses)											
51	1											
1. Name and A	ddress of Report	ing Person <sup>*</sup>	2. Issuer	Name and	Ticker or T	Гradin	g	5. Relationship of	Reporting Person(s) to			
BILSON F I	Symbol	_				Issuer						
			LEGG N	LEGG MASON INC [LM]				(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check all applicable)				
			(Month/Day/Year)					Director 10% Owner				
				07/11/2005				X Officer (give				
STREET								below) Senio	below) r Vice Presider	nt		
	(Street)		1 If Amo	admant Dat	o Original							
(Sueer)				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
	1 neu(mon	(II/Day/ICal)				_X_Form filed by One Reporting Person						
BALTIMOR	RE, MD 21202	2						Form filed by N Person	Iore than One Ro	eporting		
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction			3.	4. Securi				6. Ownership			
Security (Instr. 3)	(Month/Day/Y		on Date, if	Transactio Code					Form: Direct (D) or	Indirect Beneficial		
(Insu: 5)		any (Month	/Day/Year)		Disposed of (D) 8) (Instr. 3, 4 and 5)			•	Indirect (I)	Ownership		
			•					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or		(Instr. 3 and 4)				
Comment				Code V	Amount	(D)	Price					
Common Stock								128,106	D			
Stock												

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.

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

### **Reporting Owners**

#### Edgar Filing: LEGG MASON INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration E (Month/Day	Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Derivati Security (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (1)	<u>(2)</u>	07/11/2005		Α	4.06	<u>(1)</u>	(1)	Common Stock	4.06	\$ 10

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
F8	Director	10% Owner	Officer		Other			
BILSON F BARRY LEGG MASON INC. 100 LIGHT STREET BALTIMORE, MD 21202			Senior Vice	President				
Signatures								
/s/Thomas C. Merchant, Attorn Bilson	ý	07/13/2005						

\*\*Signature of Reporting Person

# **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).

Phantom stock units acquired pursuant to and under the condidtions of the Legg Mason Wood Walker, Incorporated Deferred (1) Compensation/Phantom Stock Plan. See Exhibit 10.3 of Form 10-K for the fiscal year ended March 31, 2005.

(2) 1-for-1

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.

Date