## Edgar Filing: POLSKY LISA - Form 4

DOLGRAVIES

Form 4												
May 04, 2007	4 UNITED									OMB APPROVAL OMB 3235-0287 Number:		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFICIAL OWNERSH SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of Section 17(a) of the Public Utility Holding Company Act of 1935 of 30(h) of the Investment Company Act of 1940						ge Act of 1934, f 1935 or Sectio	burden hou response	mated average den hours per				
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> POLSKY LISA			2. Issuer Name <b>and</b> Ticker or Trading Symbol PIPER JAFFRAY COMPANIES [PJC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Mon			(Month/Da	Date of Earliest Transaction Month/Day/Year) 5/02/2007				X_ Director 10% Owner Officer (give title Other (specify below) below)				
				nendment, Date Original fonth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
MINNEAPC	DLIS, MN 55402								More than One R			
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/02/2007			A	1,169	A	<u>(1)</u>	1,169	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (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)	Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(2)</u>	05/02/2007	А	516	(3)	(3)	Common Stock	516	\$ 64.8

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
POLSKY LISA 800 NICOLLET MALL MINNEAPOLIS, MN 55402	Х							
Signatures								
/s/ James L. Chosy for Lisa K.								
Polsky		05/04/200	7					
**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).
- The reporting person elected to defer receipt of 1,169 shares of common stock, resulting in the accrual to her account of 1,169 shares of (1) phantom stock. The phantom stock will become payable, in common stock, on the last day of the year in which the reporting person's
- service as a director terminates.
- (2) 1-for-1
- (3) The shares of phantom stock become payable, in cash, on the last day of the year in which the reporting person's service as a director terminates.

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.