LEFTON ROBERT E

Form 4 June 03, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number: January 31,

2005 Estimated average burden hours per

Expires:

response...

0.5

Check this box if no longer subject to Section 16. Form 4 or

Form 5 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).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * LEFTON ROBERT E		Symbol	2. Issuer Name and Ticker or Trading Symbol STIFEL FINANCIAL CORP [SF]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M		Earliest Tra	ansaction		X Director			
800 SOUTH ROAD, APT			(Month/Day/Year) 06/01/2011				ve titleOth	6 Owner er (specify	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ST. LOUIS,	MO 63105-2691						More than One Ro		
(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	Securities Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. SecuritonAcquired Disposed (Instr. 3,	(A) or 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						69,739	D		

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: LEFTON ROBERT E - Form 4

8. De Se (In

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. Transactic Code (Instr. 8)	5. Number or of Derivati Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ve Expiration (Month/D	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (Date Exercisab D)	Expiration e Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0	06/01/2011		A	3,375	<u>(1)</u>	(2)	Common Stock	3,375	
Stock Option (Option to Buy)	\$ 9.26					(3)	02/03/2014	Common Stock	3,000	
Stock Option (Option to Buy)	\$ 13.48					<u>(4)</u>	01/03/2015	Common Stock	2,250	
Stock Option (Option to Buy)	\$ 25.5					<u>(5)</u>	01/03/2016	Common Stock	2,250	
Stock Option (Option to Buy)	<u>(6)</u>					<u>(7)</u>	<u>(8)</u>	Common Stock	5,999	

Reporting Owners

Relationships					
Officer	Other				

Signatures

By: David M. Minnick For: Robert E. Lefton	06/03/2011		
**Signature of Reporting Person	Date		

Reporting Owners 2

Edgar Filing: LEFTON ROBERT E - Form 4

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) Units vest quarterly over a one year period.
- (2) No expiration date for these Units.
- (3) Options vest in 20% increments yearly from the grant date.
- (4) Options vest in 20 percent increments on 1/3/06, 1/3/07, 1/3/08, 1/3/09 and 1/3/10.
- (5) Options vest in 20% increments on 1/3/07, 1/3/08, 1/3/09, 1/3/10 and 1/3/11.
- (6) Various exercise prices.
- (7) Currently exercisable.
- (8) Various expiration dates.

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.