Edgar Filing: JONES LANG LASALLE INC - Form 4

JONES LANG L. Form 4 July 03, 2013	ASALLE INC	2									
FORM 4	UNITED S	TATES		ITIES A hington,			NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEM Filed purs Section 17(a)	uant to S) of the P	CHAN ection 10 Public Ut	GES IN I SECUR	BENEFI ITIES e Securit ling Corr	CIA ies E ipany	xchange Act of	NERSHIP OF e Act of 1934, 1935 or Sectior 0	Expires: Estimated a burden hour response		
(Print or Type Respon	nses)										
Bague Hugo Symbol			r Name and Ticker or Trading LANG LASALLE INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (200 E. RANDOL	. ,		3. Date of (Month/D 07/03/20	-	ransaction			X Director Officer (give t below)		Owner r (specify	
(ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
CHICAGO, IL 6	50601							Person	ore than One Rej	porting	
(City) ((State) (Z	Zip)	Table	e I - Non-D	Derivative S	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
Security (Mo (Instr. 3)	ransaction Date onth/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code	4. Securit on(A) or Di (Instr. 3, - Amount	spose	d 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)		
Common 07/0 Stock	03/2013			A <u>(1)</u>	274	A	\$ 91.14	2,872	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)

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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			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
Restricted Stock Units	\$ 0					05/26/2016	(2)	Common Stock	967
Restricted Stock Units	\$ 0					12/01/2013 <u>(3)</u>	06/01/2015	Common Stock	1,742
Restricted Stock Units	\$ 0					11/30/2014 <u>(4)</u>	05/31/2016	Common Stock	1,307
Restricted Stock Units	\$ 0					03/01/2016	(2)	Common Stock	385

Edgar Filing: JONES LANG LASALLE INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner Office		Officer	Other			
Bague Hugo 200 E. RANDOLPH DR. CHICAGO, IL 60601	Х						
Signatures							
Mark J. Ohringer, as attorney-in-fact		07/03/2013					

**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).
- (1) Received in lieu of quarterly cash retainer in accordance with prior election under Director's Deferred Compensation Plan
- (2) Vests on the fifth anniversary of the grant date.
- (3) Vests with respect to one-half of the shares on each of December 1, 2013 and June 1, 2015.

Reporting Owners

E E

Edgar Filing: JONES LANG LASALLE INC - Form 4

(4) Vests with respect to one-half of the shares on each of November 30, 2014 and May 31, 2016.

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.