Edgar Filing: Hendrickson Charles J - Form 4

Hendrickson	Charles J												
Form 4													
November 3	0, 2011												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL				
Washington, D.C. 20549								OMB Number:	3235-0287				
	Check this box								Expires:	January 31,			
subject to	if no longer subject to Section 16. Form 4 or						Estimated average burden hours per response 0.5						
Form 5	Filed pu	rsuant to	Section 1	6(a) of	the	e Securit	ies E	xchange	e Act of 1934,	100001100	0.0		
obligation may cont <i>See</i> Instru 1(b).	inue. Section 17		Public Ut of the In	•		•	· ·		1935 or Sectior 0	1			
(Print or Type I	Responses)												
Hendrickson Charles J Symbol				er Name and Ticker or Trading				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
								/					
(Last)	(First)	(Middle)	3. Date of			ansaction			Director X Officer (give		Owner er (specify		
	RIES & COMPA 1ADISON AVE		(Month/D 11/29/20	-)				below)	below) Treasurer			
(Street) 4. If Ame			endment, Date Original					6. Individual or Joint/Group Filing(Check					
Filed(Mon NEW YORK, NY 10022				_X_ Fc Fo					Form filed by M	Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	T 11	T N	D	• .•	a	•.•	Person	D (*) I			
	. ,	-		e I - Noi 3.	n-De			-	uired, Disposed of,		-		
1.Title of Security (Instr. 3)		tion Date 2A. Deemed ay/Year) Execution Date, if any (Month/Day/Year)			ctio 8)	4. Securi n(A) or Di (Instr. 3,	spose	d of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code	V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	11/29/2011			A <u>(1)</u>		7,674	A	\$ 10.75	52,898 <u>(2)</u>	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hendrickson Charles J C/O JEFFERIES & COMPANY, INC. 520 MADISON AVE. NEW YORK, NY 10022			Treasurer				
Signatures							
/s/ Roland T. Kelly, by power of attorney	11	/30/2011					

Explanation of Responses:

**Signature of Reporting Person

- * 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).

Date

- (1) Acquisition of restricted stock under the Jefferies Group, Inc. 2003 Incentive Compensation Plan, as amended, in a transaction exempt under Rule 16b-3(d) under the Securities Exchange Act of 1934.
- Does not include 11 shares indirectly held by the Reporting Person by the Trustee of the Jefferies Group, Inc. Employees' Stock
- (2) Ownership Plan for the benefit of the Reporting Person, and does not include 4,620 shares indirectly held by the Reporting Person by the Trustee under the Jefferies Group, Inc. Profit Sharing Plan for the benefit 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.