## Edgar Filing: JEFFERIES GROUP INC /DE/ - Form 4

JEFFERIES	S GROUP INC /D	)E/								
Form 4 January 29,	2010									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						<b>ERSHIP OF</b> Act of 1934,	OMB Number: Expires: Estimated at burden hour response	•		
1(b). (Print or Type	Responses)									
1. Name and FELLER L						5. Relationship of Reporting Person(s) to ssuer (Check all applicable)				
(Last) C/O JEFFF INC., 520		3. Date of Earliest Transaction					Director 10% Owner _X Officer (give title Other (specify elow) below) EVP, Secretary and GC			
NEW YOF	Filed(Month/Day/Year)					. Individual or Joint/Group Filing(Check pplicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting erson				
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivative	Securi		ed, Disposed of,	or Beneficiall	v Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	ed Date, if	3.		es Acq of (D)	uired (A) or	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	01/27/2010			S S	140,793	D	\$ 27.0496	159,179 <u>(2)</u>	D	
Common Stock	01/28/2010			F	1,591	D	\$ 26.58	157,588 <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.

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 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)	4. Transactio Code (Instr. 8)	5. 6. Date Exercisa orNumber Expiration Date of (Month/Day/Yea Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
FELLER LLOYD H C/O JEFFERIES & COMPANY, INC. 520 MADISON AVE. NEW YORK, NY 10022			EVP, Secretary and GC				
Signatures							
/s/ Roland T. Kelly, by power of attorney	01	/29/2010					
**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).

Weighted average price based on the following transactions: 40,193 at \$27.0000; 100 at \$27.0050; 2,800 at \$27.0100; 100 at \$27.0150; 4,500 at \$27.0200; 100 at \$27.0250; 3,722 at \$27.0300; 400 at \$27.0350; 100 at \$27.0375; 1,000 at \$27.0400; 2,000 at \$27.0450; 35,778
(1) at \$27.0500; 1,600 at \$27.0600; 1,000 at \$27.0700; 100 at \$27.0750; 4,300 at \$27.0800; 100 at \$27.0875; 6,400 at \$27.0900; 1,000 at \$27.0900;

- (1) at \$27.0500, 1,000 at \$27.0500, 1,000 at \$27.0700, 100 at \$27.0750, 4,500 at \$27.0800, 100 at \$27.0875, 6,400 at \$27.0900, 1,000 at \$27.0950; 100 at \$27.0975; 31,000 at \$27.1000; 300 at \$27.1050; 100 at \$27.1075; 2,500 at \$27.1100; 100 at \$27.1150; 600 at \$27.1200; 200 at \$27.1250; 100 at \$27.1300; 200 at \$27.1350; and 300 at \$27.1400.
- (2) Does not include 574 shares indirectly held by the Reporting Person by the Trustee of the Jefferies Group, Inc. Employees' Stock Ownership 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.