## Edgar Filing: DEUTSCHE BANK AG\ - Form 4

DEUTSCHE BA	ANK AG	١									
Form 4	~~~										
September 11, 2											
FORM 4	I UNIT	TED STATE	S SECURITIES	SAND E	XCHAN	IGE (	COMM	ISSION		PROVAL	
				Washington, D.C. 20549					OMB Number:	3235-0287	
Check this bo if no longer								Expires:	January 31,		
subject to	STA	TEMENT (	OF CHANGES IN BENEFICIAL OWNERSHIP OF					HP OF	Estimated av	2005 Verage	
Section 16.			SECU	URITIES					burden hours per		
Form 4 or Form 5	File	1 nursuant to	Section 16(a) of	the Secu	rities Fx	chand	re Act of		response	0.5	
obligations	Section	<b>^</b>	Public Utility H				-				
may continue See Instructio	•		a) of the Investme	•	<b>•</b> •						
1(b).				-							
(Duint on Tours Doors											
(Print or Type Resp	onses)										
1. Name and Address of Reporting Person 2. Issuer Na				e <b>and</b> Ticker or Trading 5.			5. Relat	5. Relationship of Reporting Person(s) to			
DEUTSCHE BANK AG			Symbol				Issuer				
			LANDRYS RESTAURANTS INC				(Check all applicable)				
			[LNY]					(Check)	an applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest	t Transactio	n			irector	_X_10%		
TAUNUSANLAGE 12 D-60325			(Month/Day/Year)			Officer (give titleOther (specify below)					
IAUNUSANL.	AGE 12	D-60325	09/06/2007								
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Y	(ear)			Applicat X For		e Reporting Pers	on	
FRANKFURT AM MAIN, I8			Fo				Form	Form filed by More than One Reporting			
							Person				
(City)	(State)	(Zip)	Table I - Nor	n-Derivativ	e Securiti	ies Ac	quired, D	isposed of, o	or Beneficially	Owned	
1.Title of Security (Instr. 3)		ansaction Date		3. Transactiv	4. Securi			5. Amount Securities		7. Nature ip of Indirect	
(Instr. 3) (Month/Day/Year)			Execution Date, if Transaction(A) or Disposed of any Code (Instr. 3, 4 and 5)					Beneficially	Ownership y Form:	Beneficial	
			(Month/Day/Year)	(Instr. 8)				Owned	Direct (I	· •	
								Following Reported	or Indire (I)	ct (Instr. 4)	
						(A) or		Transaction	(s) (Instr. 4)		
				Code V	Amount		Price	(Instr. 3 and	14)		
LANDRY'S											
RESTAURANT	09/0	6/2007		S	8,000	D	\$ 28.08	1,825,074	4 D		
INC., Common Stock							20.08				

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 Derivati Security (Instr. 3	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	n Date 3A. Deemed 4. Year) Execution Date, if Tra any Co (Month/Day/Year) (In		5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: DEUTSCHE BANK AG\ - Form 4

## **Reporting Owners**

Reporting Person

Reporting Owner Name / Addr	ess	Relationships							
hepotong o whet thank that	Director	10% Owner	Officer Othe						
DEUTSCHE BANK AG\ TAUNUSANLAGE 12 D-60 FRANKFURT AM MAIN, I		Х							
Signatures									
Jeffrey A. Ruiz	09/11/2007								
<u>**</u> Signature of	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).

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.