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BURKEMPER BERNARD N

Form 4

January 19, 2012

FORM 4

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

OMB Number:

3235-0287

0.5

if no longer subject to

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16.

January 31, Expires: 2005

OMB APPROVAL

Estimated average burden hours per

response...

5 Relationship of Reporting Person(s) to

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

2 Jaguar Nama and Tiakar or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

| BURKEMPER BERNARD N | Symbol | Symbol STIFEL FINANCIAL CORP [SF] | | | Issuer | | | | |
|--------------------------------|----------------------|-----------------------------------|---------------------------|--------------------------------|---|----------------------|--|--|--|
| (Last) (First) (Mid | ddle) 3. Date of | Earliest Ti | ransaction | (Check all applicable) | | | | | |
| 8 MERGANSER CT | (Month/D 01/17/20 | • | | DirectorX Officer (give below) | | Owner er (specify | | | |
| (Street) | 4. If Ame | 4. If Amendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | Filed(Mon | Filed(Month/Day/Year) | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| OLD MONROE, MO 63369 | | | | Person | note than One Ke | porting | | | |
| (City) (State) (Z | Table Table | e I - Non-I | Derivative Securities Acq | uired, Disposed of | f, or Beneficial | ly Owned | | | |
| 1.Title of 2. Transaction Date | 2A. Deemed | 3. | 4. Securities Acquired | 5. Amount of | 6. Ownership | 7. Nature of | | | |
| Security (Month/Day/Year) | Execution Date, if | Transactio | on(A) or Disposed of (D) | Securities | Form: Direct | Indirect | | | |
| (Instr. 3) | any | Code | (Instr. 3, 4 and 5) | Beneficially | (D) or | Beneficial | | | |

(Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Common 01/17/2012 M 3,871 Α \$0 39,318 D Stock Common F D 01/17/2012 1,387 37,931 Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 |
| Phantom Stock Units | \$ 0 | 01/17/2012 | | M | 3 | ,871 | 01/01/2006(1) | (2) | Common Stock | 3,871 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BURKEMPER BERNARD N

8 MERGANSER CT Controller

OLD MONROE, MO 63369

Signatures

BERNARD N BURKEMPER 01/19/2012

**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) Currently exercisable.
- (2) No expiration date for these Units.

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.

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