LEGG MASON INC Form 4

October 13, 2004

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

Washington, D.C. 20549

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

Form 5

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person * SCHMOKE KURT L

2. Issuer Name and Ticker or Trading Symbol

Issuer

below)

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Middle)

3. Date of Earliest Transaction

LEGG MASON INC [LM]

10% Owner Officer (give title Other (specify

LEGG MASON INC, 100 LIGHT

(Street)

(First)

ST

4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year)

09/24/2004

6. Individual or Joint/Group Filing(Check

Applicable Line)

X_ Director

X Form filed by One Reporting Person Form filed by More than One Reporting

BALTIMORE, MD 21202

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(Month/Day/Year)

2. Transaction Date 2A. Deemed Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

7. Nature of 6. Ownership Form: Direct Indirect (D) or Indirect Beneficial (I)

(Instr. 4)

Ownership (Instr. 4)

(A) or

Code V Amount (D) Price

Reported Transaction(s) (Instr. 3 and 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Conversion Security or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

5. TransactionNumber Code of

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8. Pri **Underlying Securities** (Instr. 3 and 4)

Deriv Secur

Edgar Filing: LEGG MASON INC - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Derir Secu Acqu (A) o Disp of (I (Inst 4, an	rities nired or osed () r. 3,					(Instr.
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to buy) (1)	\$ 33.85 (2)					01/22/2002	01/21/2012	Common Stock	9,000 (2)	
Stock Options (Right to buy) (1)	\$ 26.31 (2)					07/23/2002	07/23/2012	Common Stock	9,000 (2)	
Stock Options (Right to buy) (1)	\$ 46.39 (2)					07/22/2003	07/22/2013	Common Stock	9,000 (2)	
Stock Options (Right to buy) (1)	\$ 52.07 (2)					07/20/2004	07/22/2012	Common Stock	4,500 (2)	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SCHMOKE KURT L LEGG MASON INC 100 LIGHT ST BALTIMORE, MD 21202	X						

Signatures

Thomas C. Merchant, Attorney-in-fact for Kurt L. Schmoke 10/13/2004

**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) Fully exercisable stock option granted pursuant to the Legg Mason, Inc. Stock Option Plan For Non-Employee Directors.

D . l . 4! l .! . . .

Reporting Owners 2

Edgar Filing: LEGG MASON INC - Form 4

(2) The number of underlying shares and exercise price have been adjusted to give effect to a 3-for-2 stock split on September 24, 2004. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, <i>see</i> 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.