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

| JEFFERIES<br>Form 4<br>January 03,  | 5 GROUP INC /E<br>2008                  | DE/  |          |  |                    |          |                       |   |  |   |  |  |
|---|---|--|----------|--|--------------------|----------|-----------------------|---|--|---|--|--|
| FOR   | ЛД                                      |  |          |  |                    |          |                       |   | OMB AP   | PROVAL  |  |  |
| W<br>Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |   |  |          | URITIES AND EXCHANGE COMN<br>ashington, D.C. 20549   |                    |          |                       | OMMISSION   | OMB<br>Number:   | 3235-0287   |  |  |
|   |   |  |          | HANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES  |                    |          |                       |   | Expires: January 31<br>2005<br>Estimated average<br>burden hours per<br>response 0.5               |   |  |  |
| obligati<br>may co<br><i>See</i> Inst<br>1(b).                                | ons<br>ntinue. Section 17               | (a) of the I                                   | Public I | Utility Ho   |                    | pany     | Act of                | 1935 or Section   |  |   |  |  |
| (Print or Type  | Responses)                              |  |          |  |                    |          |                       |   |  |   |  |  |
| Hendrickson Charles J Symbo   |   |  |          | Ic   |                    |          |                       | Relationship of Reporting Person(s) to ssuer<br>(Check all applicable)                            |  |   |  |  |
|   |   |  | [JEF]    | F]   |                    |          |                       | (Check an applicable)   |  |   |  |  |
| (Mon  |   |  |          |  |                    |          |                       | below)  | X_Officer (give title Other (specify   |   |  |  |
|   |   |  |          | Ionth/Day/Year) App  |                    |          |                       | Applicable Line)  | Individual or Joint/Group Filing(Check<br>pplicable Line)<br>K_ Form filed by One Reporting Person |   |  |  |
| NEW YOI   | RK, NY 10022                            |  |          |  |                    |          |                       | Form filed by Mo<br>Form filed by Mo<br>Person  |  |   |  |  |
| (City)  | (State)                                 | (Zip)  | Та       | ble I - Non  | -Derivative S      | ecurit   | ies Acqu              | ired, Disposed of,  | or Beneficiall   | y Owned   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution I<br>any<br>(Month/Day | Date, if | 3. 4. Securities Acquired (A)<br>TransactiorDisposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8)<br>(A)<br>or |                    |          |                       | Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4 | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>) (Instr. 4)                             | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Common<br>Stock   | 12/31/2007                              |  |          | Code V<br>$A^{(1)}$  | Amount<br>129.7063 | (D)<br>A | Price<br>\$<br>23.007 | $24003^{(2)}$   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Under<br>Secur | rlying                                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|------------------------|--|---|--|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                  | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |           |       |  |  |  |
|--|---------------|-----------|-----------|-------|--|--|--|
|  | Director      | 10% Owner | Officer   | Other |  |  |  |
| Hendrickson Charles J<br>C/O JEFFERIES & COMPANY, INC.<br>520 MADISON AVE., 12TH FLOOR<br>NEW YORK, NY 10022 |               |           | Treasurer |       |  |  |  |
| Signatures   |               |           |           |       |  |  |  |
| /s/ Roland T. Kelly, by power of attorney  | 01            | /03/2008  |           |       |  |  |  |
| **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) Acquisition of restricted stock units as a result of dividend reinvestments under the Jefferies Group, Inc. 2003 Incentive Compensation Plan in a transaction exempt under Rule 16b-3(d) under the Securities Exchange Act of 1934.
- (2) Does not include 2,111 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.