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JEFFERIES Form 4/A July 05, 200	S GROUP INC /E)6	DE/										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
- UNITED STATES				SECURITIES AND EXCHANGE COM Washington, D.C. 20549				MMISSION	OMB Number:	3235-0287		
Check t if no lor	ager								Expires:	January 31, 2005		
subject Section	to SIAIE 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								verage 's per		
Form 4 Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						Act of 1034	response 0.5			
obligati	ons Section 17						•	935 or Section				
may con <i>See</i> Inst	ninue.			•	t Compan	-						
1(b).												
(Print or Type	Responses)											
1. Name and Address of Reporting Person * MACCHIAROLA FRANK J2. Iss Symbo				In				5. Relationship of Reporting Person(s) to Issuer				
JE			JEFFE [JEF]	RIES GR	OUP INC	/DE/	(Check all applicable)					
				Aonth/Dav/Year) —				_X_ Director10% Owner Officer (give titleOther (specify below) below)				
INC., 520	ERIES & COMPA MADISON AVE		06/30/2	2006			De	elow)	Delow)			
FLOOR	(7)											
							6. Individual or Joint/Group Filing(Check Applicable Line)					
			07/05/2					_X_Form filed by One Reporting Person Form filed by More than One Reporting				
NEW YOF	RK, NY 10022						P	Form filed by Me erson	ore than One Rej	porting		
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative	Securiti	es Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	06/30/2006			A <u>(1)</u>	1,011.23		\$ 29.63	280,027	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			
MACCHIAROLA FRANK J C/O JEFFERIES & COMPANY, INC. 520 MADISON AVE., 12TH FLOOR NEW YORK, NY 10022	Х						
Signatures							
/s/ Roland T. Kelly, by power of attorney	07	//05/2006					
<pre>**Signature of Reporting Person</pre>		Date					
Explanation of Pooponana							

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 deferred shares as a result of deferral of compensation and dividend reinvestment under the Jefferies Group, Inc. 1999 Directors' Stock Compensation Plan in a transaction exempt under Rule 16b-3(d)(1) & (2) under the Securities Exchange Act of 1934.

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.