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SOLOMON.	JEFFREY M											
Form 4												
May 17, 2018	3											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
	UNITE	D STATES				ND EXC D.C. 205		NGE C	COMMISSION	OMB Number:	3235-0287	
Check this if no long	or									Expires:	January 31,	
subject to	STAT	EMENT O	F CHAN	NGES IN BENEFICIAL OWN					NERSHIP OF	Estimated a	2005 average	
Section 10	Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5		an an an the	Section 1	f(a) of	the	Conniti	as Er		a A at of 1024	response	0.5	
obligation		•						-	e Act of 1934, f 1935 or Sectio	n		
may conti	nue.) of the In	•		•	- ·			11		
See Instru 1(b).	ction	20(11)	, or the m	, counc		compun.	, 1100	01 17				
(Print or Type R	esponses)											
1. Name and A	ddress of Reporti	ing Person *	2 Issuer	· Name a	and	Ticker or ^r	Fradin	σ	5. Relationship of	Reporting Pers	son(s) to	
SOLOMON JEFFREY M Symbol				Issuer Name and Ticker or Trading				5	Issuer	1 0		
			COWEN	N INC.	[C	OWN]			(Chashall angliashla)			
(Last)	(First)	(Middle)	3. Date of	² Earliest	- t Tra	insaction			(Chec	k all applicable	e)	
× /		× /	(Month/D						X Director	10%	Owner	
				5/15/2018					X Officer (give below)	er (specify		
AVENUE									below)	below) CEO		
	(Street)		4. If Ame	ndment.	Dat	e Original			6. Individual or Jo	oint/Group Filir	1g(Check	
				Filed(Month/Day/Year)					Applicable Line)			
									X Form filed by C			
NEW YORK	K, NY 10022								Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Noi	n-D	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A Dee	emed	3.		4. Securit	ies Ac	auired	5. Amount of	6. Ownership	7. Nature of	
Security		Month/Day/Year) Execution Date, if any				n(A) or Dis			Securities	Form: Direct		
(Instr. 3)						(Instr. 3, 4	4 and 5	5)	Beneficially		Beneficial	
		(Wonth/D			Day/Year) (Instr. 8)				Owned Following	· · ·	Ownership (Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(msu. 5 anu 4)			
Class A	05/15/2010			Б		12,676	D	\$	(27.092	D		
Common	05/15/2018			F		(1)	D	15.7	637,283	D		

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

Stock

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addro	ess	Relationships						
	Director	10% Owner	Officer	Other				
SOLOMON JEFFREY M COWEN INC. 599 LEXINGTON AVENU NEW YORK, NY 10022	E X		CEO					
Signatures								
/s/ Jeffrey M. Solomon	05/17/2018							
<u>**</u> Signature of	Date							

Reporting Person 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).
- Represents shares of the Issuer's Class A common stock withheld to satisfy tax withholding obligations upon the vesting of restricted
 (1) stock, in accordance with the terms of the related grant agreement, which was approved by the board of directors of the Issuer in accordance with Rule 16b-3 promulgated 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.