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

| JEFFERIE Form 4 April 02, 2 | S GROUP INC /I 008 | DE/ | | | | | | | | | | |
|--|---|---|---|---|--------------|-----------------------|----------------------|--|--|---|--|--|
| FOR | МЛ | | | | | | | | OMB AP | PROVAL | | |
| | UNITEL | Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Check if no lo subject Sectior | to SIAIE | MENT OF | F CHA | NGES IN BENEFICIAL OWNERSHIP O SECURITIES | | | | | Expires: January 31 2009 Estimated average burden hours per | | | |
| | | | | | | response | 0.5 | | | | | |
| (Print or Type | e Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person * Hendrickson Charles J2. Iss Symbo | | | | bol | | | | Relationship of Reporting Person(s) to ssuer | | | | |
| | | | JEFFERIES GROUP INC /DE/ [JEF] | | | | / | (Check all applicable) | | | | |
| (Last) (First) (Middle) C/O JEFFERIES & COMPANY, INC., 520 MADISON AVE., 12TH FLOOR | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2008 | | | | | Director 10% Owner _X Officer (give title Other (specify elow) below) Treasurer | | | | |
| | (Street) | Street) 4. If Amendment, D Filed(Month/Day/Yea | | | - | ear) Applicable Line) | | | vint/Group Filing(Check Dne Reporting Person | | | |
| NEW YO | RK, NY 10022 | | | | | | _ | Form filed by Mo Form filed by Mo Person | | | | |
| (City) | (State) | (Zip) | Та | ble I - No | n-Derivative | Securi | ties Acqui | red, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution D any (Month/Day/ | ate, if | 3. 4. Securities Acquired (A) TransactionDisposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Prior | | | ired (A) or Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| common stock | 03/31/2008 | | | A <u>(1)</u> | 233.3695 | | \$ 16.0330 | ⁶ 30,167 (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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 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 | Relationships | | | | | | |
|--|---------------|-----------|-----------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Hendrickson Charles J C/O JEFFERIES & COMPANY, INC. 520 MADISON AVE., 12TH FLOOR NEW YORK, NY 10022 | | | Treasurer | | | | |
| Signatures | | | | | | | |
| /s/ Roland T. Kelly, by power of attorney | 04 | /02/2008 | | | | | |
| **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.