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Woodhouse H	lope B										
Form 4											
May 09, 2013											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	UNITEDS		RITIES A ashington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check this if no longe	r							Expires:	January 31,		
subject to	STATEM	ENT OF CHA		SES IN BENEFICIAL OWN				Estimated a	2005 average		
Section 16		SECURITIES						burden hou			
Form 4 or Form 5	T '1 1		16() 6.1	a	F	1	A (61024	response	0.5		
obligations	· •	suant to Section					-				
may contin	ue. Section 17(a	30(h) of the Public	•	•	• •		of 1935 or Sectio	n			
See Instruc 1(b).	tion	30(II) 01 the	liivestinent	Company	y Aci	. 01 19	40				
1(0).											
(Print or Type Re	esponses)										
1		*					5 D L 1.	(D) (' D			
We all and D				er Name and Ticker or Trading			5. Relationship of Issuer	r Reporting Per	son(s) to		
			PER JAFFRAY COMPANIES								
							(Check all applicable)				
(Last)	(First) (M		of Earliest Tr	mantion			_X_ Director	100	6 Owner		
(Last)	(1415t) (14		/Day/Year)	ansaction			Officer (give		er (specify		
			5/08/2013				below)	below)	ow)		
(Street) 4. If Amer			nendment, Da	endment, Date Original			6. Individual or Joint/Group Filing(Check				
				Ionth/Day/Year)				Applicable Line)			
							X Form filed by Form filed by 1				
MINNEAPO	LIS, MN 55402						Person		eporting		
(City)	(State) ((Zip) Ta	ble I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date,					Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Var	CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial		
		(Month/Day/Yea	Day (rear) ($\operatorname{Instr. 8}$) ($\operatorname{Instr. 3}$, 4 and 3)			Following		Ownership (Instr. 4)			
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
			Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common							8,613	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	unt of rlying	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 / Address	Relationships						
I. O. M.	Director	10% Owner	Officer	Other			
Woodhouse Hope B 800 NICOLLET MALL MINNEAPOLIS, MN 55402	Х						
Signatures /s/ John W. Geelan for Hope B. Woodhouse		05	/09/2013				

<u>**</u>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).

The reporting person elected to defer receipt of 1,768 shares of common stock, resulting in the accrual to her account of 1,768 shares of

(1) phantom stock. The phantom stock will become payable, in common stock, on the last day of the year in which the person's service as a director terminates.

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.