## Edgar Filing: COWEN GROUP, INC. - Form 4

COWEN GR	OUP, INC.										
Form 4	_										
May 18, 201	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi if no long							Expires:	January 31 2005			
subject to Section 1	F CHAN	F CHANGES IN BENEFICIAL OWN SECURITIES						Estimated average burden hours per			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response 0.5		
obligation	<b>*</b>						•		2		
may cont	inue. Section 1			vestment	-			1935 or Section	11		
See Instru 1(b).	iction	50(11)	or the m	vestment	company	1101	01 174				
(Print or Type F	Responses)										
			2. Issuer Symbol	r Name <b>and</b>	Ticker or T	Frading	g	5. Relationship of Reporting Person(s) to Issuer			
	COWEN GROUP, INC. [COWN]				N]	(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(Chec	k all applicable	;)	
				Day/Year)				Director 10% Owner			
	ROUP, INC., 59 ON AVENUE	99	05/16/20	016				X Officer (give below) Chief I	below) Financial Office	er (specify er	
			4. If Ame	. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mor					Applicable Line)			
NEW YORI	K, NY 10022							_X_ Form filed by 0 Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecuri	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Class A Common Stock	05/16/2016			F	20,944 (1)	D	\$ 3.24	651,411	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)	Number Expiration Date of (Month/Day/Ye Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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 / Addr	Relationships							
	Director	10% Owner	Officer	Other				
Lasota Stephen COWEN GROUP, INC. 599 LEXINGTON AVENU NEW YORK, NY 10022	Е		Chief Financial Officer					
Signatures								
/s/ Stephen A. Lasota	05/18/2016							
**Signature of	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).
- 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 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.

Reporting Person