STIFEL FINANCIAL CORP

Form 5

February 10, 2005

5 obligations

may continue. See Instruction

1(b).

(City)

FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if
no longer subject
to Section 16.
Form 4 or Form

Washington

ANNUAL STATEMENT OF

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Sorm 4 30(h) of the Investment Company Act of 1940

Form 4 30(h) of the Investment Company Act of 1940
Transactions
Reported

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Report

2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer FOWLDS JOHN JEFFERY Symbol STIFEL FINANCIAL CORP [SF] (Check all applicable) (First) 3. Statement for Issuer's Fiscal Year Ended (Last) (Middle) (Month/Day/Year) Director 10% Owner Officer (give title __X__ Other (specify 12/31/2004 below) below) 3 MOCKINGBIRD LANE MANAGING DIR, EQUITY CAP (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year)

(check applicable line)

OMB

Number:

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3235-0362

January 31,

2005

1.0

CHERRY HILLS, COÂ 80110-

(State)

(Zip)

_X_Form Filed by One Reporting Person ___Form Filed by More than One Reporting Person

		140	ne 1 - Non-Derivative Securities Acquired, Disposed of, or Deficiency Owned						
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	01/09/2004	Â	<u>J(1)</u>	1,333	A	\$ 9.35	11,602	D	Â
Common Stock	11/30/2004	Â	J <u>(1)</u>	991	A	\$ 18.72	13,422	D	Â

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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SEC 2270 (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Derivative	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)		4. Transaction Code	5. Number	6. Date Exerc Expiration Da (Month/Day/	ate	7. Title Amou Under	nt of	8. Price of Derivative
Security (Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ve es d d		Securities (Instr. 3 and 4)		Security (Instr. 5)
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FOWLDS JOHN JEFFERY 3 MOCKINGBIRD LANE CHERRY HILLS, COÂ 80110-

Â Â MANAGING DIR, EQUITY CAP

Signatures

By: Forrest M. Smith For: John Jeffery Fowlds 02/10/2005

**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) This transaction represents shares purchased under the Company's Emloyee Stock Purchase Plan. The shares have been adjusted to reflect the September 2004 4-for3- stock split.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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 Owners 2