FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |
| abligations may continue Cos | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Tuorto Joseph P | | | | | | 2. Issuer Name and Ticker or Trading Symbol LPL Investment Holdings Inc. [NONE] | | | | | | | | Checl | k all applic Directo | able) | Person(s) to Issu 10% Ow Other (s | | ner |
|---|--|--|--|-------------|-------------------------------|---|--|---|---|--|-------------------|--------------------------------------|---------------------------------------|--------------------------|--|---|---|--|--|
| (Last) C/O LPL | • | irst) IENT HOLDIN | (Middle) GS INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2008 | | | | | | | | X | below) | | | below) | ´ |
| ONE BE | ACON STI | REET, FLOOR 2 | 22 | | 4 1 | If Ame | endment I | Date (| of Original E | iled | (Month/Da | av/Year) | 6 | Indi | vidual or .1 | oint/Groun | Filing | (Check Anr | licable |
| (Street) | N M | ÍΑ | 02108 | | _ - - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | zyr reary | | ine) | Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Person | | | | |
| | | Tab | le I - Noi | n-Deriv | vativ | e Se | curities | s Ac | quired, C | Disp | osed o | f, or Be | neficia | ally | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution I | | Date, | Code (In | ransaction Disposed Of (Dode (Instr. 5) | | es Acquired (A) o Of (D) (Instr. 3, 4 | | and Securitie Benefici Owned I | | s illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | е | | saction(s) . 3 and 4) | | | Instr. 4) | | |
| | 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 Da if any (Month/Day/Y | Date, | 4. Transa Code (l 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | of Securities | | Derivati Security | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e O s Fe ally D or g (1) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration late | Title | Amour or Number of Shares | er | | | | | |
| Option award (right to buy) | \$27.8 | 02/05/2008 | | | A | | 20,000 | | (1) | 0 | 2/05/2018 | Common Stock | 20,00 | 0 | \$0 | 20,000 |) | D | |

Explanation of Responses:

1. The option is not currently exercisable as to any shares. This option is exercisable in 20% increments on each of February 5, 2009, 2010, 2011, 2012 and 2013.

/s/ Joseph P. Tuorto

04/0<u>3/2008</u>

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.