FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | burden | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>EBERHART PAULETT</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol LPL Financial Holdings Inc. [LPLA] | | | | | | | | | | all app | olicable) ctor | | Owner | |
|---|--|---------|---|---------|--|--|---------|---|-------------|--------------------------------------|---------|--|---------------|---|---|---|-------------------|---|---|--|
| (Last) (First) (Middle) C/O LPL FINANCIAL HOLDINGS INC., | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2015 | | | | | | | | | | Officer (give title below) | | Othe belo | r (specify w) | |
| 75 STATE STREET, 24TH FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BOSTON MA 02109 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acq | juired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execut ay/Year) if any | | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | (1130.4) | |
| Common | Stock | | | 05/12 | 2/2015 | | | | A | | 3,185(1 | 5 ⁽¹⁾ A \$ | | \$40 | 0.81 4,595 | | 4,595 | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Security (Instr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | e Amount of | | ount | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. These shares represent restricted stock that was granted under the Issuer's Amended and Restated 2010 Omnibus Equity Incentive Plan. This restricted stock will vest in full on the first anniversary of the grant date.

Remarks:

The signatory is signing on behalf of Paulett Eberhart pursuant to a Power of Attorney dated November 21, 2014, which was previously filed with the Commission.

/s/ David Bergers as attorneyin-fact

05/12/2015

** 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.