FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| STATEMENT | OF CHA | ANGES IN | I BENEFIC | CIAL O | WNERSHIP |
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| OMB Number: | 3235-0287 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* STIEFLER JEFFREY E | | | | | | 2. Issuer Name and Ticker or Trading Symbol LPL Investment Holdings Inc. [NONE] | | | | | | | | | k all applic Directo | cable) or | g Pers | son(s) to Iss | vner |
|--|--|--------------------------------|-------|---|---|---|--|---|---------------------|--|-----------------------|---|---|--|---|--|---------------------------------------|---------------|------|
| (Last) (First) (Middle) C/O LPL INVESTMENT HOLDINGS INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2009 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | |
| ONE BEACON STREET, 22ND FLOOR | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) BOSTON | I M | Α (| 02108 | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 3, 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | Securitie Benefici | urities Fo leficially (D) ned Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | се | Transact | Transaction(s) (Instr. 3 and 4) | | | (iiisti. 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 Execution Date (Month/Day/Year) if any (Month/Day/ | | Date, Transactio Code (Inst | | | on of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | d 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | D S (I | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Option to purchase Common Stock | \$19.74 | 06/02/2009 | | | A | | 4,500 | | (1) | 06 | 5/02/2019 | Common | 4,50 | 0 | \$0 | 4,500 | | D | |

1. The option is not currently exercisable as to any shares. This option is exercisable in 20% increments on each of June 2, 2010, 2011, 2012, 2013 and 2014.

Remarks:

Stephanie L. Brown is signing on behalf of Mr. Stiefler pursuant to a Power of Attorney dated June 29, 2007, which was previously filed with the SEC.

/s/Stephanie L. Brown, on 06/02/2009 behalf of Jeffrey E. Stiefler

** 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.