FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number 3235-0104 Estimated average burden

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										hours per res	ponse:	0.5
1. Name and Address of Glavin William		2. Date of Event Requiring Statement (Month/Day/Year) 05/17/2017 3. Issuer Name and Ticker or Trading Symbol LPL Financial Holdings Inc. [LPLA]										
	ast) (First) (Middle) /O LPL FINANCIAL HOLDINGS INC. 5 STATE STREET, 22ND FLOOR				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director Officer (give title below)		10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) BOSTON	,								X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
			Tab	le I - Non-De	erivative S	ecurities Beneficially Owned						
					2. Amount of (Instr. 4)		3. Ownership Form: Direct 4 (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities are beneficially owned						0	D					
						curities Beneficially Owned options, convertible securitie	s)					
Ex			Expiration	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Deriva (Instr. 4)		4. Conversio Exercise Pric of Derivative Security	e Form: Di	ship rect (D) or I) (Instr. 5)	6. Nature of Indirect Beneficia Ownership (Instr. 5)	al
				e Expiration Date	Title		Amount or Number of Shares	Security				

Explanation of Responses: Remarks:

The signatory is signing on behalf of William F. Glavin, Jr. pursuant to a Power of Attorney dated May 16, 2017, which is filed as Exhibit 24.1 to this filing.

/s/ Gregory M. Woods, attorney-in-fact ** Signature of Reporting Person

05/22/2017 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 5 (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.

SECTION 16 POWER OF ATTORNEY I hereby constitute and appoint each of David P. Bergers and Gregory M. Woods, signing singly, my true and lawful attorney-in-fact to: (1) execute on my behalf any Form 3 Initial Statement of Beneficial Ownership of Securities, Form 4 Statement of Changes in Beneficial Ownership of Securities ((2) do and perform any and all acts for and on my behalf that may be necessary or desirable to complete and execute any Section 16 Report and timely file such ref (3) seek or obtain, as my representative and on my behalf, information on transactions in the Company's securities from any third party, including brokers, employ (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be to my benefit, in my best I hereby grant to each attorney-in-fact hereunder full power and authority to do and perform any and every act and thing whatsoever necessary or desirable to done I acknowledge that this Power of Attorney does not relieve me of my responsibilities to comply with Section 16 of the Act and the attorneys-in-fact, in serving in st This Power of Attorney shall remain in full force and effect until I am no longer required to file Section 16 Reports with respect to my holdings of and transactions IN WITNESS WHEREOF, I have caused this Power of Attorney to be executed as of this 16 day of May, 2017.

/s/William F. Glavin, Jr.