FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL        |          |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |
| Estimated average b | urden    |  |  |  |  |  |  |  |

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

37 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|   |   |  |  |         | 01 3                         | Jectin   | 011 30(11)  | OI LITE I | iivesiiie  | ni Co | прапу Аст            | 01 13  | 740  |                      |   |   |   |   |   |  |
|---|---|--|--|---------|------------------------------|--|---|-----------|--|-------|----------------------|--|--|----------------------|---|---|---|---|---|--|
| 1. Name and Address of Reporting Person*                      |   |  |  |         |                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  LPL Financial Holdings Inc. [ LPLA ] |   |           |  |       |                      |  |  |                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |   |   |  |
| EBERHART PAULETT  |   |  |  |         |                              |  |   |           |  |       |                      |  |  |                      | X Dire  |   | tor   | 10%   | Owner   |  |
| (Last) (First) (Middle) C/O LPL FINANCIAL HOLDINGS INC.,      |   |  |  |         |                              |  | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2014 |           |  |       |                      |  |  |                      |   | Officer (give title below)                  |   | Othe<br>belov   | r (specify<br>v)                                    |  |
| 75 STATE STREET, 24TH FLOOR                                   |   |  |  |         | 4. If                        | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                 |   |           |  |       |                      |  |  |                      | 6. Individual or Joint/Group Filing (Check Applicable                   |   |   |   |   |  |
| (Street)  |   |  |  |         |                              |  |   |           |  |       |                      |  |  |                      |   | Line)  X Form filed by One Reporting Person |   |   |   |  |
| BOSTON MA 02109   |   |  |  |         |                              |  |   |           |  |       |                      |  |  |                      | Form filed by More than One Reporting Person                            |   |   |   |   |  |
| (City)  | (St   | ate) (                                     | Zip)   |         |                              |  |   |           |  |       |                      |  |  |                      |   | 1 010                                       | O11   |   |   |  |
|   |   | Tabl                                       | e I - No                                     | n-Deriv | ative                        | Se   | curitie   | s Acc     | quired   | , Dis | posed o              | of, o  | r Ben  | efici                | ally C  | Owne  | ed  |   |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |  |         |                              | Execution Dat  |   | n Date,   | 3.<br>Transaction<br>Code (Instr.<br>8)                    |       |                      |  |  |                      | 4 and Se<br>Be<br>Ov  |   | ount of<br>ties<br>cially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|   |   |  |  |         | Code                         | v  | Amount  |           | (A) or<br>(D)  | Price | . 1                  | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |                      | (Instr. 4)  |   |   |   |   |  |
| Common Stock 11   |   |  |  |         | 11/21/2014                   |  |   |           | A  |       | 1,410                | 1)   | A \$41.  |                      | 1,410   |   | D   |   |   |  |
|   |   | Та   |  |         |                              |  |   |           |  |       | osed of,<br>onvertib |  |  |                      | y Ow  | ned   |   |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Executior<br>if any<br>(Month/Da | n Date, | Date, Transaction Code (Inst |  |   |           | 6. Date Exercisable<br>Expiration Date<br>(Month/Day/Year) |       | e                    | Am<br>Sec<br>Und<br>Der<br>Sec                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. and 4) |                      |   | vative<br>urity                             | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4    | Beneficial<br>Ownership<br>(Instr. 4)               |  |
|   |   |  |  |         | Code                         | v  | (A)   | (D)       | Date<br>Exercisa   |       | Expiration<br>Date   | Titl   | or<br>Nui<br>of  | ount<br>mber<br>ares |   |   |   |   |   |  |

### **Explanation of Responses:**

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

# Remarks:

/s/ Gregory M. Woods, attorney-in-fact

11/25/2014

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.