FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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OIMB APPROVAL								
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

. ,	ee Instruction																		
Name and Address of Reporting Person*     Putnam James S				2. Issuer Name and Ticker or Trading Symbol LPL Financial Holdings Inc. [LPLA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>ı uman</u>	1 Jaiiies	<u>J</u>					<u></u>				-	-		8	Direc	tor		10% O	vner
(Last) (First) (Middle) C/O LPL FINANCIAL HOLDINGS INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/23/2024									Office below	er (give title v)		Other (sbelow)	specify
4707 EX	ECUTIVI	E DRIVE			If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street) SAN DIEGO CA 92121														Line	Form	filed by On filed by Mo		Ū	
(City)	(5	State) (	(Zip)																
		Table	l - Non	n-Deriva	tive S	ecur	ities A	cqı	uired,	Disp	osed of	, or	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (/ Disposed Of (D) (Instr. 3			8, 4 and Securities Beneficially Owned Fol		ties cially I Following	Form (D) o	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	(A (D	) or	Price		ea ction(s) 3 and 4)			(Instr. 4)
Common	Common Stock 08/23/								Α		16(1)		A	\$ <mark>0</mark>	136	5,020.5		D	
		Та									sed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution I or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es d	Expiration	. Date Exercisable and expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

1. Represents stock units granted under the Issuer's 2021 Omnibus Equity Incentive Plan. Each stock unit represents the right to receive one share of common stock and is fully vested. The reporting person was previously granted stock units that were subject to a written deferral election under the Issuer's Non-Employee Director Deferred Compensation Plan (the "DDCP"), which stock units are fully vested as of the date hereof. The stock units reported hereby were credited to the reporting person's DDCP account in connection with a quarterly cash dividend that was paid on shares of common stock

Exercisable

(D)

Expiration

Date

Title

The signatory is signing on behalf of James S. Putnam pursuant to a Power of Attorney dated March 9, 2014.

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

Shares

08/27/2024

\*\* 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).

Code

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.