FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

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* MULCAHY ANNE M						2. Issuer Name and Ticker or Trading Symbol LPL Financial Holdings Inc. [LPLA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	(Fi		Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/10/2024									X Direct Office belov	er (give title		10% Ov Other (s		
(Last)	,	,	,		03/10/2024										•,		20.011)			
C/O LPL FINANCIAL HOLDINGS INC.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
4707 EXECUTIVE DRIVE														"	$rac{1}{X}$ Form filed by One Reporting Person					
(Street)															Form filed by More than One Reporting Person					
SAN DII	EGO CA	A 9.	2121		<u> </u>															
(O')	(0)		· \		Rul	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
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			I - NOI			_				וצוט	oosed of									
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			Transaction Disposed (Code (Instr. 5)			es Acquired (A) Of (D) (Instr. 3, 4			nd Securi Benefi Owned	cially I Following	Form (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) (D)	or	Price	Report Transa (Instr.	orted saction(s) : 3 and 4)			(Instr. 4)				
Common Stock 05/10/					2024				A		699(1)	A	١	\$0	3.	35,083		D		
Common Stock 05/10					/2024				Α		378(2)	A \$0		35,461			D			
		Tal	ole II -	Derivati	ive Se	curit	ties /	Acqu	ired, D	ispo	sed of,	or Be	nef	ficial	ly Owne	d		'		
				(e.g., pu	ıts, ca	alls, v	warra	ants,	option	ıs, c	onvertib	le se	cur	ities)					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disport of (D	osed) r. 3, 4	Expiration Day (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f g	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)			Expiration Date	Amou or Numb of Title Share		mber						

Explanation of Responses:

- 1. These shares represent restricted stock that was granted under the Issuer's 2021 Omnibus Equity Incentive Plan (the "2021 Plan") pursuant to the Issuer's Non-Employee Director Compensation Policy (the "Policy"). This restricted stock is scheduled to vest in full on May 21, 2025.
- 2. The reporting person elected to receive these shares, which were granted under the 2021 Plan, in lieu of the cash portion of the annual retainer under the Policy.

Remarks:

The signatory is signing on behalf of Anne M. Mulcahy pursuant to a Power of Attorney dated March 10, 2014.

/s/ Gregory M. Woods, 05/14/2024 attorney-in-fact

** 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.