Edgar Filing: LEUCADIA NATIONAL CORP - Form 4

| Form 4 May 09, 200 FORN Check th if no lon subject to Section Form 4 Form 5 obligation may com <i>See</i> Instru 1(b). | A 4 UNITED S anis box ager o 16. or Filed pure Section 17(age) | STATES IENT OI suant to S a) of the 1 | Was F CHAN Section 1 Public U | shington, IGES IN SECUR 6(a) of th | D.C. 20 BENEF STTIES e Securit ding Cor | ICIA ties E | LOWN Exchange y Act of | OMMISSION ERSHIP OF Act of 1934, 1935 or Sectior | OMB Number: Expires: Estimated a burden hour response | • | |
|---|---|--|--|--|---|-----------------------|--|--|---|---|--|
| DOUGAN PAUL M Symbol LEUC | | | Symbol | ADIA NATIONAL CORP | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) P O BOX 9 | | | | of Earliest Transaction Day/Year) 2006 | | | | _X_Director10% Owner Officer (give titleOther (specify below)below) | | | |
| | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | Derivative | Secur | rities Acqu | iired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deen Execution any (Month/D | n Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Shares | 05/05/2006 | | | М | 1,500 | А | \$ 22.093 | 8,875 | D | | |
| Common Shares | | | | | | | | 150 | I | See footnote (1) | |

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

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 control number.

Edgar Filing: LEUCADIA NATIONAL CORP - Form 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 (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number onof Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | e Expiration I (Month/Day | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|------------------------------|--|------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Option to Purchase Common Shares | \$ 22.093 | 05/05/2006 | | М | 1,50 |) (2) | 06/06/2006 | Common Shares | 1,500 | |

Reporting Owners

| Reporting Owner Name / Addres | 5 S | Relationships | | | | | | |
|-------------------------------|------------|---------------|---------|-------|--|--|--|--|
| I O | Director | 10% Owner | Officer | Other | | | | |
| DOUGAN PAUL M P O BOX 959 | х | | | | | | | |
| SALT LAKE CITY, UT 8411 | | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Paul M. O Dougan |)5/05/2006 | 5/05/2006 | | | | | | |
| <u>**</u> Signature of | Date | | | | | | | |

Explanation of Responses:

- * 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).
- (1) Owned by Reporting person's wife.
- (2) The stock options were granted under the Leucadia National Corporation 1999 Stock Option Plan. Pursuant to their terms, these options become exercisable at the rate of 25% per year commencing June 6, 2002.
- (3) Not Applicable.

Reporting Person

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.