

JONES LANG LASALLE INC
 Form 3
 January 24, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â O'Brien Greg		(Month/Day/Year)	JONES LANG LASALLE INC [JLL]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
200 E. RANDOLPH DR.			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) CEO, Americas	
CHICAGO,Â ILÂ 60601			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	10,500	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: JONES LANG LASALLE INC - Form 3

				Shares		(I) (Instr. 5)	
Restricted Stock Units	01/01/2016 ⁽¹⁾	01/01/2018	Common Stock	5,957	\$ 0	D	Â
Restricted Stock Units	02/25/2014	02/25/2014	Common Stock	256	\$ 0	D	Â
Restricted Stock Units	07/01/2014 ⁽²⁾	07/01/2016	Common Stock	1,041	\$ 0	D	Â
Restricted Stock Units	07/01/2015 ⁽³⁾	07/01/2017	Common Stock	626	\$ 0	D	Â
Restricted Stock Units	07/01/2016 ⁽⁴⁾	07/01/2018	Common Stock	1,357	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
O'Brien Greg 200 E. RANDOLPH DR. CHICAGO, IL 60601	Â	Â	Â CEO, Americas	Â

Signatures

/s/ Mark J. Ohringer, as
attorney-in-fact

01/24/2014

__Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Vests with respect to one-half of the shares on each of January 1, 2016 and January 1, 2018.
- (2) Vests with respect to one-half of the shares on each of July 1, 2014 and July 1, 2016.
- (3) Vests with respect to one-half of the shares on each of July 1, 2015 and July 1, 2017.
- (4) Vests with respect to one-half of the shares on each of July 1, 2016 and July 1, 2018.

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.