## Edgar Filing: Jaskowiak Scott E - Form 4

Jaskowiak So Form 4 December 03 <b>FORM</b> Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	s, 2010 <b>4</b> UNITED S s box ger <b>5</b> STATEM 6. T Filed purs inue. Section 17(a	STATES SECU: Wa IENT OF CHAN suant to Section 1 a) of the Public U 30(h) of the In	shington, NGES IN I SECUR 16(a) of the Utility Hole	D.C. 205 BENEFI ITIES e Securiti ling Com	549 CIA ies Ex ipany	L OW schang Act o	<b>NERSHIP OF</b> ge Act of 1934, of 1935 or Sectio	N OMB Number: Expires: Estimated burden hou response	urs per
1. Name and A Jaskowiak S	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol LACLEDE GROUP INC [LG]				5. Relationship of Reporting Person(s) to Issuer			
(Last) 720 OLIVE	(Month/	3. Date of Earliest Transaction (Month/Day/Year) 12/01/2010				(Check all applicable) <u></u> Director <u></u> 10% Owner <u>X</u> Officer (give title <u></u> Other (specify below) Vice President			
ST. LOUIS,	Amendment, Date Original d(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
(City)		(Zip) Tak	L L N. D		· ·		Person	e	
1.Title of Security (Instr. 3)	1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any		<ul> <li>ble I - Non-Derivative Securities Ac</li> <li>3. 4. Securities</li> <li>f TransactionAcquired (A) or Code Disposed of (D)</li> <li>) (Instr. 8) (Instr. 3, 4 and 5)</li> </ul>				5. Amount of 6 Securities H Beneficially ( Owned H	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-
Common Stock	12/01/2010		Code V A	Amount 4,000 (1)	or (D) A	Price \$ 0	(Instr. 3 and 4) 20,054	D	
Common Stock							4,041	Ι	through $401(k)$ plan $(2)$

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.

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addres	s	Relationships							
Reporting Owner Func, Function	Director	10% Owner	Officer	Other					
Jaskowiak Scott E 720 OLIVE STREET ST. LOUIS, MO 63101			Vice President						
Signatures									
/s/Scott E. Jaskowiak	12/03/2010								

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Award of 3,000 shares of performance contingent restricted stock with vesting contingent upon performance during performance period
   ending 9/30/2013 and 1,000 shares of restricted stock with vesting occurring in December 2013, all shares awarded under the Company's 2006 Equity Incentive Plan.
- (2) Shares held in Company stock fund of 401(k) plan as reported by trustee as of September 30, 2010 and purchased through regular deferrals under the Plan.
- 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.

\*\*Signature of

Reporting Person