#### MCCUAIG SCOTT B

Form 4 May 23, 2007

### FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MCCUAIG SCOTT B			2. Issuer Name and Ticker or Trading Symbol STIFEL FINANCIAL CORP [SF]					5. Relationship of Reporting Person(s) to Issuer		
(Last) 15 PORTLA	(First) (	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2007				[OI ]	(Check all applicable)  _X_ Director 10% Owner _X_ Officer (give title Other (specify below)  PRESIDENT RETAIL GROUP		
				endment, Date Original nth/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-I	erivative	Secui	ities Acq	uired, Disposed o	f, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose 4 and (A) or	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 Stock	05/22/2007			G	1,000	D	\$ 50.22	152,508	D	
Common Stock								606	I	by Daughter

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.

SEC 1474

(9-02)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	S		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0					<u>(1)</u>	(2)	Common Stock	56,154	
Restricted Stock Units	\$ 0					(3)	(2)	Common Stock	10,500	
Stock Option (Option to Buy)	\$ 7.8					<u>(4)</u>	01/02/2012	Common Stock	26,667	
Stock Option (Option to Buy)	\$ 8.6925					<u>(5)</u>	02/10/2013	Common Stock	26,667	
Stock Option (Option to Buy)	<u>(6)</u>					(3)	<u>(7)</u>	Common Stock	81,067	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
MCCUAIG SCOTT B 15 PORTLAND PLACE	X		PRESIDENT RETAIL GROUP				
ST. LOUIS, MO 63108							

## **Signatures**

SCOTT B **MCCUAIG** 05/23/2007

Reporting Owners 2 \*\*Signature of Reporting Person 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) Units vest in equal yearly increments over a seven year period.
- (2) No expiration date for these Units.
- (3) Various exercisable dates.
- (4) Options vest in 20% increments on 1/2/03, 1/2/04, 1/2/05, 1/2/06 and 1/2/07.
- (5) Options vest in 20% increments on 2/10/04, 2/10/05, 2/10/06, 2/10/07 and 2/10/08.
- (6) Various exercise prices.
- (7) Various expiration dates.

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.

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