

JONES LANG LASALLE INC  
 Form 4  
 October 12, 2007

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2005  
 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).

**STATEMENT OF CHANGES IN 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 \*  
**RICKARD DAVID B**

2. Issuer Name and Ticker or Trading Symbol  
**JONES LANG LASALLE INC [JLL]**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
**10/11/2007**

Director  10% Owner  
 Officer (give title below)  Other (specify below)

**200 E. RANDOLPH DRIVE**

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**CHICAGO, IL 60601**

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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	10/11/2007		A <sup>(1)</sup>	366	A \$ 102.76	366	D

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)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Reporting Transaction (Instr. 6)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
RICKARD DAVID B 200 E. RANDOLPH DRIVE CHICAGO, IL 60601	X			

## Signatures

Mark J. Ohringer, as attorney-in-fact 10/12/2007

\*\*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) Received in lieu of quarterly cash retainer in accordance with prior election under Director's Deferred Compensation 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. :normal;font-style:normal;text-transform:none;font-variant: normal;">40.1

32.7

33.9

34.8

Commercial insurance and other

32.4

30.5

31.8

31.5

Explanation of Responses:

29.8

30.1

Weighted average

27.1

27.2

27.4

27.1

Explanation of Responses:

26.7

26.9

Revenues per admission:

Medicare

\$

40,051

\$

39,004

\$

38,993

\$

38,869

\$

Explanation of Responses:

39,482

\$

39,559

Medicaid

51,450

48,221

51,934

52,635

50,201

Explanation of Responses:

45,392

Medicare Advantage

44,326

45,709

46,429

49,051

47,739

Explanation of Responses:



48,067

Medicaid Managed

58,770

55,496

52,771

46,112

47,781

48,953

Commercial insurance and other

67,389

66,306

66,170

69,876

60,679

63,315

Weighted average

44,939

44,190

44,609

45,006

44,181

44,490

Explanation of Responses:

Revenues per patient day:

Medicare

\$

1,632

\$

1,569

\$

1,571

\$

1,587

\$

1,623

\$

1,618

Medicaid

Explanation of Responses:

1,225

1,179

1,296

1,258

1,274

1,264

Medicare Advantage

Explanation of Responses:

1,565

1,565

1,578

1,624

1,608

1,580

Medicaid Managed

1,395

1,384

1,437

1,411

1,411

1,408

Commercial insurance and other

2,079

Explanation of Responses:



2,171

2,081

2,216

2,034

2,102

Weighted average

1,661

1,625

1,628

1,659

1,652

1,654

Medicare case mix index (discharged patients only)

1.18

1.18

1.16

1.16

1.17

1.18

Average daily census

4,400

4,103

3,966

3,976

4,347

4,200

Occupancy %

68.3

63.5

Explanation of Responses:

61.1

61.4

67.4

64.9

Annualized employee turnover %

22.1

21.7

Explanation of Responses:

21.4

21.3

20.7

20.8

74

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ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND  
RESULTS OF OPERATIONS (Continued)

## Operating Data (Continued)

(Unaudited)

	2013 Quarters				2014 Quarters	
	First	Second	Third	Fourth	First	Second
Nursing center division data:						
End of period data:						
Number of facilities:						
Nursing centers:						
Owned or leased	94	94	94	94	94	94
Managed	4	4	4	4	4	4
Assisted living facilities	6	6	6	6	6	6
	104	104	104	104	104	104
Number of licensed beds:						
Nursing centers:						
Owned or leased	11,921	11,921	11,921	11,921	11,921	11,909
Managed	485	485	485	485	485	485
Assisted living facilities	341	341	341	341	341	341
	12,747	12,747	12,747	12,747	12,747	12,735
Revenue mix %:						
Medicare	35.0	34.0	33.1	32.1	32.0	31.8
Medicaid	35.7	36.4	38.8	39.8	40.4	39.7
Medicare Advantage	8.2	8.3	7.3	7.8	8.6	8.1
Medicaid Managed	3.4	3.5	3.5	3.5	3.2	3.6
Private and other	17.7	17.8	17.3	16.8	15.8	16.8
Patient days (a):						