| OMB APPROVAL |
| :--- |
| OMB Number: $\quad 3235-0045$ <br> Estimated average burden <br> hours per response........... 38 |

Required fields are shown with yellow backgrounds and asterisks.


## Contact Information

Provide the name, telephone number and e-mail address of the person on the staff of the self-regulatory organization prepared to respond to questions and comments on the proposed rule change.

|  |  | Last Name * Dalal |
| :--- | :--- | :--- |
| First Name | Kosha |  |
| Title * | Associate Vice President and Associate General Counsel |  |
| E-mail * | kosha.dalal@finra.org |  |
| Telephone * (202) 728-6903 | Fax | (202) $728-8264$ |
|  |  |  |

## Signature

Pursuant to the requirements of the Securities Exchange Act of 1934
has duly caused this filing to be signed on its behalf by the undersigned thereunto duly authorized officer.

| Date $07 / 30 / 2012$ <br> By Patrice Gliniecki <br>  (Name *) <br>  Senior Vice President and Deputy General Counsel |  |
| :--- | :--- |
| $\begin{array}{l}\text { NOTE: Clicking the button at right will digitally sign and lock } \\ \text { this form. A digital signature is as legally binding as a physical } \\ \text { signature, and once signed, this form cannot be changed. }\end{array}$ | (Title *) |

For complete Form 19b-4 instructions please refer to the EFFS website.


