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BURKE JAMES J JR Form 4 December 16, 2010 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	NERSHIP OF Act of 1934, 1935 or Section Number: 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type Responses)				
1. Name and Address of Reporting Person <u>*</u> BURKE JAMES J JR	2. Issuer Name and Ticker or Trading Symbol LINCOLN EDUCATIONAL SERVICES CORP [LINC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director				
(Street) NEW YORK, NY 10022	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City) (State) (Zip)	Table I - Non-Derivative Securities Aca	Person uired, Disposed of, or Beneficially Owned		
(Instr. 3) any	-			
Common 12/16/2010 Stock	P 175,000 A \$ 15.19	115,644 D		
Common Stock		35,000 I by Trust		
Common Stock		40,000 I by IRA		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (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	2. Conversion	3. Transaction Date		4. Transcatio	5.	6. Date Exer		7. Title		8. Price of	9. Nu Doriv
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amoun Underl Securit (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur 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 / Address	Relationships					
	Director	10% Owner	•	Other		
BURKE JAMES J JR C/O STONINGTON PARTNERS, INC. 600 MADISON AVENUE, 16TH FLOOR	Х					

NEW YORK, NY 10022

Signatures

/s/ James J. 12/16/2010 Burke, Jr.

**Signature of

Date

Reporting Person

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).

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.