\Box

(City)

(Zip)

(State)

1. Name and Address of Reporting Person*

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden er response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

By Frost Investments Trust⁽¹⁾

By Frost Gamma

Investments
Trust⁽¹⁾

	tions may conti ction 1(b).	nue. See		File					(a) of the Sec				1934			hours	per re	esponse:	(
1. Name a	nd Address o	f Reporting Person	*		2. 1	ssuer l	Name	and Ti	e Investment cker or Tradii	ng Sy	ymbol	t of 1940					g Per	son(s) to Is	suer
FROST PHILLIP MD ET AL					$\begin{bmatrix} \mathbf{V} \end{bmatrix}$	VECTOR GROUP LTD [VGR]									k all appli Direct	or	X 10% C		
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD SUITE 1500					3. Date of Earliest Transaction (Month/Day/Year) 08/21/2010									Office below	r (give title)		Other (specify below)		
(Street)					- 4.1	f Amer	ndmen	it, Date	of Original F	iled ((Month/D	ay/Year)		6. Indi Line)				g (Check A	
MIAMI	F.		33137		_									X	Form Perso		e tha	n One Repo	orting
(City)	(S	•	(Zip)	n-Deriv	vativ		·uriti	Δς Δ	cquired, D	nier	need (of or Be	nofic	villei	Owne	d			
1. Title of	Security (Ins		ne i - Noi	2. Trans Date (Month/	saction	2 ear) if	A. Dee xecuti		3. Transact	ion	4. Secur Dispose	ities Acqui d Of (D) (In	red (A)	or	5. Amou Securiti Benefic	unt of es ially Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Natur of Indire Benefic Owners (Instr. 4
								Code	,	Amount	t (A) or (D)		ice	Transac (Instr. 3	tion(s)			(111341. 4)	
		-							quired, Di						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	d Date,	4. Transa Code (8)	action	5. Nu of Deriv Secu Acqu (A) o Disp of (D	umber vative urities uired or osed o) r. 3, 4	6. Date Exer Expiration D (Month/Day/	isab ate	ole and	7. Title an of Securit Underlyin Derivative (Instr. 3 au	d Amou ies g s Securi	unt 8.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benef Owner (Instr.
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amou or Numb of Share	er					
Put (obligation to buy)	\$17.5	08/21/2010			E			250	12/28/2009	08/	/21/2010	Common Stock	25,0	00	\$0.00	0		I	By Fro Gamn Invest Trust
Put (obligation to buy)	\$17.5	08/21/2010			E			230	12/29/2009	08/	/21/2010	Common Stock	23,0	00	\$0.00	0		I	By Fro Gamn Invest Trust ⁽
		Reporting Person																	
(Last)	SCAYNE B	(First)	(Midd	lle)		_													
(Street) MIAMI		FL	3313	37															
(City)		(State)	(Zip)																
ı		Reporting Person vestments Tr																	
(Last) 4400 BIS		(First)	(Midd	lle)															
(Street)		FL	3313	37															

Frost Nevada Investments Trust								
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD SUITE 1500								
(Street) MIAMI	FL	33137						
(City)	(State)	(Zip)						

Explanation of Responses:

1. These securities are held by Frost Gamma Investments Trust, of which Phillip Frost M.D., is the trustee. Frost Gamma L.P. is the sole and exclusive beneficiary of Frost Gamma Investments Trust. Dr. Frost is one of two limited partners of Frost Gamma L.P. The general partner of Frost Gamma, Inc., and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation. Dr. Frost is also the sole shareholder of Frost-Nevada Corporation. The reporting person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

> 08/23/2010 /s/ Phillip Frost, MD

Frost Gamma Investments

Trust by: /s/ Phillip Frost, MD, 08/23/2010

Frost Nevada Investments Trust

08/23/2010 by: /s/ Phillip Frost, MD,

** Signature of Reporting Person

Date

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

- * 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.

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 Number.

FORM 4 — JOINT FILER INFORMATION

NAME: ADDRESS:

Designated Filer:
Issuer and Ticker Symbol:
Date of Event Requiring St

Date of Event Requiring Statement:

FROST GAMMA INVESTMENTS TRUST

by: <u>/s/ Phillip Frost MD, as trustee</u> Phillip Frost, M.D., Trustee Frost Gamma Investments Trust 4400 Biscayne Blvd Miami, FL 33137 Phillip Frost, M.D. Vector Group Ltd. (VGR) August 21, 2010

JOINT FILER INFORMATION

NAME: ADDRESS:

Designated Filer: Issuer and Ticker Symbol: Date of Event Requiring Statement:

FROST NEVADA INVESTMENTS TRUST

by: <u>/s/ Phillip Frost MD, as trustee</u> Phillip Frost, M.D., Trustee Frost Nevada Investments Trust 4400 Biscayne Blvd Miami, FL 33137 Phillip Frost, M.D. Vector Group Ltd. (VGR) August 21, 2010