

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000065259



THIS SPACE IS FOR COURT USE ONLY

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

BANCO DI NAPOLI S.p.A.
VIA TOLEDO, 177
80132 NAPOLI

Avv. Domenico Vaccaro

Telephone number: +39817914639 Email Address: bdn.segreteriagenerale@bancodinapoli.com

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above)

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: _____ Email Address: _____

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 475,310.21 (Required) Please see the attached annex

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): Please see the attached annex (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

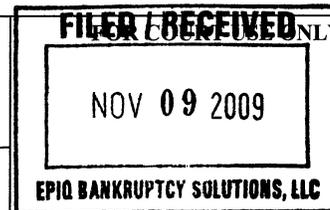
Please see the attached annex (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: Clearstream Account. No. 11037

(Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.



Date:
10/22/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
BANCO DI NAPOLI S.p.A. GENERAL MANAGER ANTONIO NUCCI

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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ANNEX TO THE POC LPS OF BANCO DI NAPOLI (01010)												
BONDS HELD ON OWN ACCOUNT												
CLEARSTREAM ACCOUNT No. 11037												
ISIN CODE	Issue currency	change at 09/15/2008	Principal amount in currency	Principal amount converted in USD as on the exchange on 09/15/2008	Interest accrued up to 09/15/2008 (excluded) in currency	Interest accrued up to 09/15/2008 (excluded) converted in USD	Interest rate	Interest accrued from 09/15/2008 up to 11/02/2009 in currency	Interest accrued from 09/15/2008 up to 11/02/2009 converted in USD	Ambunt of the claim in currency	Amount of the claim in USD (*)	Clearing system blocking number
XS0183944643	EUR	1.42	50,000.00	70,755.00	1,576.84	2,231.39	4.75	2,685.07	3,799.64	54,261.91	76,786.03	CA18859
XS0193035358	EUR	1.42	235,000.00	332,548.50	850.73	1,203.87	5.21	13,849.93	19,599.03	249,700.66	353,351.40	CA18946
XS0205185456	EUR	1.4151	30,000.00	42,453.00	152.19	215.37	5.218	1,769.77	2,504.40	31,921.96	45,172.77	CA18979
				445,756.50		3,650.63			25,903.08		475,310.21	

(*) Plus all other fees, expenses and costs (yet to be determined), in each case, to the fullest extent allowed by the Court, the Bankruptcy Code and any applicable laws.



BANCO DI NAPOLI

Banco di Napoli S.p.A.
DIREZIONE GENERALE
SEGRETARIA GENERALE
Via Toledo, 177 - 80132 NAPOLI



RACCOMANDATA A.R.



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Epiq Bankruptcy Solutions, LLC
Attn: Lehman Brothers Holdings
Claims Processing
757 Third Avenue, 3rd Floor
New York, NY 10017
U.S.A.

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