FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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MCCARRON FRANCIS T	2. Date of Event Requiring States (Month/Day/Yea 12/24/2009	ment	3. Issuer Name and Ticker or Trading Symbol HARBINGER GROUP INC. [HRG]					
(Last) (First) (Middle) 100 MERIDIAN CENTRE, SUITE 350			4. Relationship of Reporting Perso (Check all applicable) Director	on(s) to Issue	(Mor	Amendment, Da hth/Day/Year)	ate of Original Filed	
			X Officer (give title below)	Other (spe- below)		icable Line)	/Group Filing (Check	
(Street) ROCHESTER NY 14618			CFO and Exec. Vice	President	X		y One Reporting Person y More than One erson	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownersh Form: Direct or Indirect ((Instr. 5)		t (D) (Instr.	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		
Options	12/24/2010	12/23/2019	Common Stock	41,667	7.01	D		
Options	12/24/2011	12/23/2019	Common Stock	41,667	7.01	D		
Options	12/24/2012	12/23/2019	Common Stock	41,666	7.01	D		

Explanation of Responses:

/s/ Francis T. McCarron

12/30/2009

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).