

SALOMON BROTHERS EMERGING MARKETS FLOATING RATE FUND INC  
 Form 3  
 August 01, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â BAIN PETER L  
 (Last) (First) (Middle)

LEGG MASON INC,Â 100 LIGHT ST

(Street)

BALTIMORE,Â MDÂ 21202

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
 08/01/2006

3. Issuer Name and Ticker or Trading Symbol  
 SALOMON BROTHERS EMERGING MARKETS  
 FLOATING RATE FUND INC [EFL]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock                    | 0   | D  | Â   |
| Common Stock                    | 0   | D  | Â   |
| Common Stock                    | 0   | D  | Â   |
| Common Stock                    | 0   | D  | Â   |
| Common Stock                    | 0   | D  | Â   |
| Common Stock                    | 0   | D  | Â   |
| Common Stock                    | 0   | D  | Â   |
| Common Stock                    | 0   | D  | Â   |

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

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                                  | 4. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 5. Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|----------------------------------|--|--|---|
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount or<br>Number of<br>Shares |  |  |   |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                            |       |
|--|---------------|-----------|----------------------------|-------|
|  | Director      | 10% Owner | Officer                    | Other |
| BAIN PETER L<br>LEGG MASON INC<br>100 LIGHT ST<br>BALTIMORE, MD 21202                              | â X           | â         | â                          | â     |
| FETTING MARK R<br>C/O ROYCE & ASSOCIATES, LLC<br>1414 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10019 | â X           | â         | â                          | â     |
| SCHEVE TIMOTHY C<br>LEGG MASON INC<br>100 LIGHT ST<br>BALTIMORE, MD 21202                          | â X           | â         | â                          | â     |
| MANDIA THOMAS C<br>300 FIRST STAMFORD PLACE<br>CITIGROUP ASSET MANAGEMENT<br>STAMFORD, CT 06902    | â             | â         | â Secretary                | â     |
| GERKEN R JAY<br>399 PARK AVENUE 4TH FL<br>NEW YORK, NY 10022                                       | â X           | â         | â                          | â     |
| SHEPLER ROBERT P<br>300 FIRST STAMFORD<br>CICIGROUP ASSET MANAGEMENT<br>STAMFORD, CT 06902         | â             | â         | â Senior Vice<br>President | â     |
| Kelly Jeanne<br>300 FIRST STAMFORD PLACE<br>4TH FLOOR<br>STAMFORD, CT 06902                        | â             | â         | â Senior Vice<br>President | â     |

Becker Ted P  
 399 PARK AVENUE  
 4TH FLOOR  
 NEW YORK, NY 10022

Chief  
 Compliance  
 Officer

## Signatures

|  |            |
|--|------------|
| William J. Renahan by Power of Attorney for Peter Bain     | 08/01/2006 |
| **Signature of Reporting Person                            | Date       |
| William J. Renahan by Power of Attorney for Mark Fetting   | 08/01/2006 |
| **Signature of Reporting Person                            | Date       |
| William J. Renahan by Power of Attorney for Tim Scheve     | 08/01/2006 |
| **Signature of Reporting Person                            | Date       |
| William J. Renahan by Power of Attorney for Thomas Mandia  | 08/01/2006 |
| **Signature of Reporting Person                            | Date       |
| William J. Renahan by Power of Attorney for Jay Gerken     | 08/01/2006 |
| **Signature of Reporting Person                            | Date       |
| William J. Renahan by Power of Attorney for Robert Shepler | 08/01/2006 |
| **Signature of Reporting Person                            | Date       |
| William J. Renahan by Power of Attorney for Jeanne Kelly   | 08/01/2006 |
| **Signature of Reporting Person                            | Date       |
| William J. Renahan by Power of Attorney for Ted Becker     | 08/01/2006 |
| **Signature of Reporting Person                            | Date       |

## Explanation of Responses:

\* 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).

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.