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

| OMB APP | ROVAL | | | | |
|--------------------------|-----------|--|--|--|--|
| DMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| nours per respon | se 0.5 | | | | |

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Print or Typ | e Kesponse | 28) | | | | | | | | | | | | | | |
|--|--|--|--|--------------|---|---|---|---|-------|---|---|--|---|---|---|-------------------------|
| 1. Name and Address of Reporting Person * CONRAD WINTHROP B JR | | | 2. Issuer Name and Ticker or Trading Symbol Silvercrest Asset Management Group Inc. [SAMG] | | | | | | | _X_ Direct | (Che | | | | | |
| (Last) (First) (Middle) C/O SILVERCREST ASSET MGMT. GROUP INC., 1330 AVENUE OF THE AMERCIAS, 38TH FLOOR | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2016 | | | | | | | | | | | | | |
| (Street) NEW YORK, NY 10019 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | | (State) | (Zip) | | Table I - Non-Derivative Securities Acqui | | | | | | Acqui | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. 8) | | (Α (Ε | 4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5) | | Beneficia Reported | | ally Owned Following d Transaction(s) | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Cod | e | V A | mount | (A) or (D) | Price | | | | (I) (Instr. 4) | (msu. 4) |
| Class A covalue \$0.0 | | ock, par | 05/03/2016 | | | A | | 1, | ,000 | A | \$ 0 | 4,000 | | | D | |
| Reminder: R | Report on a | separate line f | for each class of secu | urities bene | ficially o | owned d | irectl | y or | | | | | | | | |
| · · | | | | | | | cc | ontain | ed in | this for | m are | not req | uired to re | formation spond unl itrol numb | ess | EC 1474 (9- 02) |
| | | | Table II - I | Derivative S | | | | | | | | ly Owned | l | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) any (Month/Day/Y | te, if Code Of Deriva (Instr. 8) Securi Acqui (A) or Dispos of (D) (Instr. 8) | | | ber 6 arive (I es | and Expiration Date (Month/Day/Year) | | | 7. Ti Amo Und Secu | ttle and bunt of erlying urities r. 3 and | Derivative | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Ownershi (Instr. 4) | |
| | | | | Coo | de V | (A) (I | Е | Date Exercis | | Expiratior Date | ¹ Title | Amount or Number of Shares | | | | |
| (Instr. 3) | Price of Derivative Security | wners | | Year) (Inst | r. 8) | Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5 | es ed | Date | F | Expiration | Secu (Inst 4) | Amount or Number of | - | Beneficially Owned Following Reported Transaction | Derivation Security Direct (or Indirect (s) (I) | ve Owne (Instr D) |

| | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| CONRAD WINTHROP B JR C/O SILVERCREST ASSET MGMT. GROUP INC. 1330 AVENUE OF THE AMERCIAS, 38TH FLOOR NEW YORK, NY 10019 | X | | | | | |

Signatures

| /s/ Lily C. Desmond - Attorney-in-Fact | 05/04/2016 |
|--|------------|
| **Signature of Reporting Person | Date |

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 nu | mber. |
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