FORM 4

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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02)

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 of Type Responses)											
1. Name and Address of Reporting Dunn Brian D	2. Issuer Name and Ticker or Trading Symbol Silvercrest Asset Management Group Inc. [SAMG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner Officer (give title below)Other (specify below)					
(Last) (First) SILVERCREST ASSET MAN GROUP INC., 1330 AVE. OF AMERICAS, 38TH FLOOR	3. Date of Earlies 09/11/2017	t Transacti	on (I	Month/Da	y/Yea	r)					
(Street) NEW YORK, NY 10019	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State)	(Zip)	Та	ble I - Noi	1-Dei	rivative S	Securi	ties Acqui	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		(A) or D (Instr. 3,	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A common stock, par value \$0.01	09/11/2017	09/13/2017	Code P <u>(1)</u>	V	Amount 5,000	(D) A	Price \$ 13.2755 (2)	5,000	(Instr. 4) D		

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

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 Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. N	umber	6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Deri	vative	tive (Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secu	rities	ies		Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Acq	uired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A) (or			4)			Following	Direct (D)	
					Disp	osed						Reported	or Indirect	
					of (I	D)						Transaction(s)	(I)	
					(Inst							(Instr. 4)	(Instr. 4)	
					4, an	ıd 5)								
										Amount				
							Date	Evaluation		or				
							Exercisable	Expiration Date	Title	Number				
							Excicisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Demonstring Operation Names / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Dunn Brian D SILVERCREST ASSET MANAGEMENT GROUP INC. 1330 AVE. OF THE AMERICAS, 38TH FLOOR NEW YORK, NY 10019	Х					

Signatures

/s/ Charles Lee, Attorney-in-Fact	09/14/2017
**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).

(1) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

(2) The transaction was executed in multiple trades at prices ranging from \$13.05 to \$13.45. The price above reflects the weighted average price. Detailed information regarding the number of shares transacted at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.

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.