# FORM 4

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

OMB APPROVAL						
OMB Number:	3235-028	7				
Estimated average burden						
nours per response	e 0.	5				

Check this box if no 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

rimi or Ty	pe Response	(8)																	
1. Name and Address of Reporting Person * Marital Trust Under Article 7th of the Will of G. Moffett Cochran				Issuer Name and Ticker or Trading Symbol     Silvercrest Asset Management Group Inc.  [SAMG]								5	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director Officer (give title below) Other (specify below)						
(Last) (First) (Middle) SILVERCREST ASSET MANAGEMENT GROUP INC., 1330 AVENUE OF THE AMERICAS, 38TH FLOOR				3. Da	3. Date of Earliest Transaction (Month/Day/Year) 10/23/2017								011101	Agric time dete	.,	outer (spec	, 36.0	.,	
(Street) NEW YORK, NY 10019				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City)	)	(State)		(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)			2. Trans Date (Month/	n/Day/Year)	any	ution Date, if	if			(A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	nip of Be	7. Nature of Indirect Beneficial
				Mont	h/Day/Year)	ar)	Code	V	Amount	(A) or (D)	Pric	ce	(Instr. 3 a	str. 3 and 4)		Direct (I) or Indirect (I) (Instr. 4	ect (In	wnership nstr. 4)	
Class A covalue \$0.0	ommon sto )1	ock, par	10/23/	/2017				S		9,200	D	\$ 14.	.5	904,103			D		
Class A common stock, par value \$0.01		2017			S		5,950	D	\$ 15.60 (1)	069	9 898,153			D					
Reminder: I	Report on a	separate line	for eacl	n class of sect	urities	beneficia	lly (	owned di	rectly	or									
									СО	ntained i	in this	form	are	not req	ction of in uired to re d OMB cor	spond un	less	SEC	1474 (9- 02)
				Table II - I				-		Disposed 1s, conver				ly Owned	l				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transacti Date (Month/Day	Day/Year) Ex	any		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		te Amor Unde Secur				9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Own Form Deri Secu Dire or In	of vative rity: et (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	V	(A) (E	E	ate xercisable	Expir Date	ration ,	Title	Amount or Number of Shares					
Repor	ting O	wners																	

Powerful Owner Verse (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Marital Trust Under Article 7th of the Will of G. Moffett Cochran SILVERCREST ASSET MANAGEMENT GROUP INC. 1330 AVENUE OF THE AMERICAS, 38TH FLOOR		X					
NEW YORK, NY 10019							

## **Signatures**

MARITAL TRUST UNDER ARTICLE 7TH OF THE WILL OF G. MOFFETT COCHRAN By: Hamilton E. James, as trustee				
/s/ Hamilton E. James		10/23/2017		
-*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) The transaction was executed in multiple trades at prices ranging from \$15.35 to \$15.75. 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.