	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB APPROVAL		
FORM 4	Washington, D.C. 20549	OMB	3235-	
Check this box if no	1	Number:	0287	
longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Expires:	November 30,	
Section 16. Form 4 or	SECURITIES		2011	
Form 5 obligations		Estimated average burden hours per		
may continue. <i>See</i> Instruction 1(b).	Filed pursuant to Section 10(a) of the Securities Exchange Act of 1954,	purden n response	· · · ·	
msu dedon 1(0).	Section 17(a) of the Public Utility Holding Company Act of 1935 or	response	0.5	
	Section 30(h) of the Investment Company Act of 1940			

I. Name and Address of Reporting Person – GERARD SCOTT A			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) Director 10% Owner _X Officer (give title Other (specify below)) below)			
(Last) (First) (Middle) C/O SILVERCREST ASSET MANAGEMENT GROUP I, 1330 AVE OF THE AMERICAS, 38TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 07/02/2013							ncial Officer		
(Street) NEW YORK, NY 10019 (City) (State) (Zip)			4. If Amendment, Date Original Filed(Month/Day/Year) Table I - Non-Derivative Securities Acqu						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any				4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Amount (D) Pr		D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A common stock, par value \$0.01	07/02/2013			Р		100	A	\$11	100	D		

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

	o respond to the collection of	SEC 1474
information	contained in this form are not	(9-02)
required to	respond unless the form displays a	
currently va	lid OMB control number.	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g., nuts, calls, warrants, ontions, convertible securities)

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of			3A. Deemed	4.		5.		6. Date Exe		7. Ti			9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	ion	Number and Expira		and Expirati	ion Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of	of (Month/Day/Year)		Unde	erlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	Derivative			Securities (Instr.		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) c	r						Reported	or Indirect	
						Disp	osed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Inst	: 3,								
						4, an	d 5)								
											Amount				
								Date	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				

Reporting Owners

	Reporting Owner Name / Address		Relationships						
			10% Owner	Officer	Other				
C/O SI 1330 A	RD SCOTT A LVERCREST ASSET MANAGEMENT GROUP I .VE OF THE AMERICAS, 38TH FLOOR YORK, NY 10019			Chief Financial Officer					

Signatures

/s/ Scott A Gerard	07/02/2013

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 number.