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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB 3235

•	ONEMITTOTAL							
	OMB	3235-						
	Number:	0287						
	Estimated average							
	burden hours pei	r						
	response	0.5						

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 Type Respo	lises)													
1. Name and Addres ESTATE OF G. 1 COCHRAN	2. Issuer Na Symbol Silvercrest Inc. [SAM6	Asset N			C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX10% Owner Officer (give title Other (specify below)								
(Last) C/O THE BLACI L.P., H E JAMES AVENUE	^{e)} P	3. Date of Earliest Transaction (Month/Day/Year) 07/23/2014						pelow)						
NEW YORK, NY		4. If Amendi Filed(Month/D		te Oi	riginal		1	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-De	riva	tive Securi	ities A	Acqui	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exect any	ition Date, if	3. 4. Securities Transaction Acquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) Code V Amount (D)) 5)	Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership					
Class A common stock, par value \$0.01	07/23/2014			S		900,000		.	993,857	D				

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

Persons who 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 valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactic	on N	lumbe	er	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D)eriva	ivative		Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				S	ecurit	curities				r. 3 and		Owned	Security:	(Instr. 4)
	Security				A	cquir	red			4)			Following	Direct (D)	
					()	A) or							Reported	or Indirect	
					D	Dispos	sed						Transaction(s)	(I)	
						f (D)							(Instr. 4)	(Instr. 4)	
						Instr.									
					4	, and	and 5)								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Exercisable	Date		of				
				Code V	V (.	A) ((D)				Shares				

Reporting Owners

Demonstring Oppman Names / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ESTATE OF G. MOFFETT COCHRAN C/O THE BLACKSTONE GROUP L.P., H E JAMES 345 PARK AVENUE NEW YORK, NY 10154		Х					

Signatures

/s/ Hamilton E. James	07/24/2014
**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).

Remarks:

Hamilton E. James is an executor of the Estate of G. Moffett Cochran (the "Estate"), with authority to execute this form

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.