FORM 4

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

N	OMB AP	PROVAL
	OMB	3235
	Number:	0287

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 | Estimated average **SECURITIES**

burden hours per response...

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 Ty	pe Respon	ses)							•									
		of Reporting Pers	son *	2. Issuer N Symbol Silvercres Inc. [SAM	t Asset				Ĭ	oup -	ssue _X_	(Ch Director Officer (give	eck al	l applical	, ,			
MANAG	VERCRE EMENT E OF TH	irst) (Midd ST ASSET GROUP I, 133 E AMERICAS	0	3. Date of E (Month/Day 09/19/201	/Year)	ransa	ection	ı		<u>D</u>	elow)						
NEW YO		10019		4. If Amend Filed(Month/			rigin	nal		A	pplio X_F	dividual or cable Line) orm filed by O orm filed by N	ne Rep	orting Pers	son			
(City)	(S	tate) (Zip))	Table I	Non-I	Deriva	ative	Secu	ırities	s Acquir	ed,	Disposed o	of, or	Benefici	ally Owne	d		
1.Title of S (Instr. 3)	D	Transaction Date Month/Day/Year)	Execu any	Deemed attion Date, if th/Day/Year)	3. Transac Code (Instr. 8		(A) (D)	or D	ispos	ed of	Sed Bei	Amount of curities neficially O llowing Re	ported	Form: Direct	` /	lirect ficial ership		
					Code	v	Am	(A) or nount (D)		Price	Transaction(s (Instr. 3 and 4			or Indi (I) (Instr.	`	. 4)		
Class A common par value		9/19/2014			P		2,50	00	A	\$ 14.904	17	,500		D				
Reminder: l directly or i		a separate line for	each cl	lass of securit	ies bene	P ir	erso nforr equi	ons v matic	on co to re	ontained spond ι	d in Inle	the colle this form ess the fo	are i	not	((9-02)		
				ative Securiti	_	uired	, Dis	spose	ed of,	or Bene	ficia	ılly Owned						
		e (Month/Day/Ye	Exear) an	A. Deemed xecution Date, ny Month/Day/Ye	Cod		C I S F C C C C C C C C C		ative ities ired rosed) . 3,	6. Date I and Expi (Month/	irati	on Date	Amor Unde Secur	le and unt of rlying rities . 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Co	ode	V	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
PECHTER RICHARD SCOTT C/O SILVERCREST ASSET MANAGEMENT GROUP I 1330 AVENUE OF THE AMERICAS, 38TH FLOOR NEW YORK, NY 10019	X			

Signatures

/s/ Rich	hard S. Pechter	09/19/2014
Signature	e 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 number.