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INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person * <u>Long Path Smaller Companies Fund, LP</u> <hr/> (Last) (First) (Middle) 1 LANDMARK SQUARE SUITE 1920 <hr/> (Street) STAMFORD CT 06901 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/29/2024	3. Issuer Name and Ticker or Trading Symbol <u>Silvercrest Asset Management Group Inc. [SAMG]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock, \$0.01 par value per share	935,686	D ⁽¹⁾	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person * <u>Long Path Smaller Companies Fund, LP</u> <hr/> (Last) (First) (Middle) 1 LANDMARK SQUARE SUITE 1920 <hr/> (Street) STAMFORD CT 06901 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person * <u>Long Path Fund GP, LLC</u> <hr/> (Last) (First) (Middle) 1 LANDMARK SQUARE SUITE 1920 <hr/> (Street) STAMFORD CT 06901 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person *

Long Path Partners LP

(Last) (First) (Middle)

1 LANDMARK SQUARE
SUITE 1920

(Street)

STAMFORD CT 06901

(City) (State) (Zip)

Explanation of Responses:

1. The reported securities are owned directly by Long Path Smaller Companies Fund, LP (the "Fund"), a private investment fund managed by Long Path Partners, LP (the "Adviser"), and may be deemed to be indirectly beneficially owned by (i) the Adviser, (ii) Long Path Holdings LLC (the "Adviser GP"), the general partner of the Adviser, (iii) Long Path Fund GP, LLC (the "Fund GP"), the general partner of the Fund, (iv) William Thomas Brennan, the managing member of the Adviser GP and the Fund GP and co-portfolio manager of the Fund, and (v) Brian Paul Nelson, the co-portfolio manager of the Fund and a partner of the Adviser GP. Each Reporting Person disclaims beneficial ownership of the reported securities except to the extent of its or his pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

LONG PATH SMALLER COMPANIES FUND, LP, By: LONG PATH FUND GP, LLC, By: /s/ William Thomas Brennan, William Thomas Brennan, Managing Member 05/02/2024

LONG PATH FUND GP, LLC, By: /s/ William Thomas Brennan, William Thomas Brennan, Managing Member 05/02/2024

LONG PATH PARTNERS, LP, By: LONG PATH HOLDINGS LLC, By: /s/ William Thomas Brennan, William Thomas Brennan, Managing Member 05/02/2024

** Signature of Reporting Person Date

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

* If the form is filed by more than one reporting person, see Instruction 5 (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.

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 Number.