FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response.	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* STARR LOREN M					AI	2. Issuer Name and Ticker or Trading Symbol AFFILIATED MANAGERS GROUP, INC. AMG								eck all app	ationship of Reporting Per k all applicable) Director Officer (give title below)		10% Owner		
(Last) (First) (Middle) C/O AFFILIATED MANAGERS GROUP, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/05/2024											Other (s below)	pecify	
777 SOUTH FLAGLER DRIVE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															m filed by One Reporting Person m filed by More than One Reporting				
WEST PALM BEACH FL 33401				Person Person										ittiig					
BEACH					Rι	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tabl	e I - Non	-Deriv	ative	Sec	uritie	es Ac	quired, E	Disp	osed o	of, or Be	neficia	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Da			e, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefi Owned	ies cially Following	Form (D) o	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o	r Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Date,	4. Transa Code (l 8)		of		6. Date Exercisi Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares						
Deferred Stock Units	(1)	02/05/2024			A		308		(1)		(1)	Common Stock	308	\$0	308		D		
Restricted Stock Units	(2)	02/05/2024			A		638		(2)		(2)	Common Stock	638	\$0	638		D		

Explanation of Responses:

- 1. Reflects cash fees that the director has elected to defer under the Company's deferred compensation plan, which are notionally invested in a measurement fund tracking the Company's common stock during the deferral period. Each deferred stock unit is equal to one share of the Company's common stock, and becomes distributable in common stock upon the reporting person's separation from service as a member of the Board of Directors of the Company.
- 2. Each restricted stock unit represents a right to receive one share of the Company's common stock upon vesting. The restricted stock units vest in full on March 5, 2025.

/s/ Kavita Padiyar, Attorney-in-02/07/2024 **Fact**

** 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 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.

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.