### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

gton, D.C. 20549	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					<u> </u>		31. 33()	01 1110	mvesamem		ipariy 7 tot	01 10-10							
Name and Address of Reporting Person*  Decrease Decrease Inc.					2. Issuer Name <b>and</b> Ticker or Trading Symbol AFFILIATED MANAGERS GROUP, INC.									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Ryan Patrick T						ATTILIATED WANAGERS GROOT, INC.								X Direct	or		10% Ov	vner	
(Last)	(F	irst)	(Middle)											Office below	r (give title		Other (s below)	specify	
C/O AFFILIATED MANAGERS GROUP, INC.						3. Date of Earliest Transaction (Month/Day/Year)													
777 SOUTH FLAGLER DRIVE					08/02/2016														
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
WEST PALM													X Form filed by One Reporting Person				n		
BEACH FL 3340		33401											Form Perso		More than One Reporting		rting		
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	Se	curitie	s Ac	quired,	Dis	posed o	of, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date			Date	e, Transaction Dispose Code (Instr. 5)		Dispose	rities Acquired (A) ed Of (D) (Instr. 3, 4		Benefic Owned	es For ially (D) Following (I) (		n: Direct r Indirect nstr. 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 Date (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  4. Conversion Date (Month/Day/Year)  5. Conversion Date (Month/Day/Year)				Date, T	Transa Code (I		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Blly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Director Stock Option (Right to Buy)	\$141.03	08/02/2016			A		1,352		(1)	0	8/02/2023	Common Stock	1,352	\$0	1,352		D		
Stock	(2)	08/02/2016			A		284		(2)		(2)	Common	284	\$0	284		D		

# Explanation of Responses:

- 1. This option is exercisable in 25% increments on each of January 1, 2017, 2018, 2019 and 2020.
- 2. Each stock unit represents a right to receive one share of the Company's common stock or, at the election of the plan administrator, cash with an equivalent value, upon vesting. The stock units vest in 25% increments on each of January 1, 2017, 2018, 2019 and 2020.

/s/ David M. Billings, Attorney-in-Fact

08/04/2016

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.