FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROV

VAL 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

					UI V	Secil	JII 30(II)) OI tile	e ilive	Suneni	Con	ірапу Асі	. 01 1940								
Name and Address of Reporting Person* Churchill Dwight D.						2. Issuer Name and Ticker or Trading Symbol AFFILIATED MANAGERS GROUP, INC. AMG										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Churchin Dwight D.					IΓA											Direct	or		10% O	wner	
(Last)	(Fi	irst)	(Middle)													Officer below)	(give title		Other (s	specify	
C/O AFFILIATED MANAGERS GROUP, INC.						3. Date of Earliest Transaction (Month/Day/Year)															
600 HALE STREET					07/	07/22/2014															
																	1 : 40		(6) 1 4		
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
PRIDES															X Form filed by One Reporting Person						
CROSSING MA 0:			01965	1965													Form filed by More than One Report Person				
(City)	(S	tate)	(Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Tran Date (Month						ar) I	2A. Deer Execution if any (Month/I	on Date	e, 1	3. Transact Code (In 8)					and Securit Benefic Owned		ies Fo cially (D Following (I)		. Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									,	Code	v	Amount	t (A) or (D)		. [Transac	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. Deeme Execution if any (Month/Day	Date,	4. Transa Code (I 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities ired r osed : 3, 4	Expi	ate Exerc iration D nth/Day/	ate		le and 7. Title and Amount of Securities Underlying Derivative Set (Instr. 3 and 4)		Der Sec (Ins	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable	Ex Da	piration ate	Title	Amount or Number of Shares	1						
Director Stock Option (Right to Buy)	\$207.21	07/22/2014			A		990			(1)	07	//22/2021	Common Stock	990	\$2	07.21	990		D		
Stock Units ⁽²⁾	(2)	07/22/2014			A		193			(2)		(2)	Common Stock	193		\$0	193		D		

Explanation of Responses:

- 1. This option is exercisable in 25% increments on each of December 31, 2014, 2015, 2016 and 2017.
- 2. Represents stock units granted to the reporting person under the Company's Deferred Compensation Plan. 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, 2015, 2016, 2017 and 2018.

/s/ David M. Billings,

07/24/2014

Attorney-in-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.