FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

igton, D.C. 20549	OMB APPROVAL

ı									
	OMB Number:	3235-028							
Estimated average burden									
	hours por rosponso:	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

							. ,				' '										
1. Name and Address of Reporting Person * $\underline{FLOOR\ RICHARD\ E}$						2. Issuer Name and Ticker or Trading Symbol AFFILIATED MANAGERS GROUP INC AMG									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					AN										Directo	r		10% Ov	vner		
(Last)	(Fi	rst)	(Middle)		_									Officer below)	(give title		Other (s below)	specify			
C/O AFFILIATED MANAGERS GROUP, INC.							3. Date of Earliest Transaction (Month/Day/Year)														
600 HAI	LE STREET	7			11/	/30/2	2004														
					_													/a			
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
PRIDES			01065												X Form filed by One Reporting Person Form filed by More than One Reporting						
CROSSI	NG M	A	01965																		
					-										Person						
(City)	(Si	tate)	(Zip)																		
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		ıar	ie i - Noi	n-Deri	vative	e Se	curitie	S A	cquired, [JIS	osea o	or, or Be	петісіа	ally	Owned						
1. Title of Security (Instr. 3) 2. Transac				saction		2A. Deem		3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4					5. Amou			n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership				
(Month/Da					/Day/Ye				Code (In	Code (Instr. 5)			0,		Beneficia			ally (D) o	(D) or		
					(month)	ionan bay, reary				(4) 01			Reported	, 1,,,	(1) (111	11301.4)	(Instr. 4)				
									Code	V	Amount	(A) or (D)	Price	•		nsaction(s) tr. 3 and 4)					
		-	Tahle II -	Deriva	ative	Sec	urities	Δα	quired, Di	end	sed of	or Bene	eficial	VΩ	wned						
									s, options						····ou						
1. Title of	2.	3. Transaction	3A. Deeme		4.		5. Num		6. Date Exer	_		7. Title an		_	Price of	9. Number	r of	10.	11. Nature		
Derivative	Conversion	Date (Month/Day/Year)	Execution	Date, T	Transa		n of		Expiration Date Amount of Securities Underlying			f	Derivative Security (Instr. 5)		derivative Securities Beneficially		Ownership Form: Direct (D)	of Indirect			
Security (Instr. 3)	or Exercise Price of		if any (Month/Day		Code (8)	ınstr.						g						Beneficial Ownership			
	Derivative Security								Derivative See (Instr. 3 and 4					١ ا		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
							Dispos of (D)	sed	(,			Reported Transaction(s)		[""			
							(Instr.									(Instr. 4))11(5)				
							and 5)			_			Ι.	_							
													Amour or	ıt							
									Date	_	xpiration		Numbe	r							
					Code	v	(A)	(D)	Exercisable		ate	Title	Shares								
Director				T													7				
Stock Option	\$63.38	11/30/2004			A		5,625		12/31/2008 ⁽¹	.) 1	1/30/2014	Common Stock	5,625	;	\$63.38	5,625		D			
(Right to Buy)												Stock	1								

Explanation of Responses:

1. This option is exercisable in 25% increments on each of December 31, 2005, 2006, 2007 and 2008. The exercisability of this option would be accelerated upon a change of control of the Company.

/s/ John Kingston, III, 12/10/2004 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.