FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington,	D.C.	20049

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

1. Name and Address of Reporting Person* Palandjian Tracy P.				<u>A</u>	2. Issuer Name and Ticker or Trading Symbol AFFILIATED MANAGERS GROUP, INC. [AMG]								eck all app X Direct Office	icable) for for (give title	g Pers	10% Ow Other (s	wner specify	
(Last) (First) (Middle) C/O AFFILIATED MANAGERS GROUP, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2024								below			below)		
777 SOUTH FLAGLER DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WEST PA	ALM FI	. î	33401									X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	rate) (Zip)		Rule 10b5-1(c) Transaction Indication 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.								d to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date		Transaction ate Month/Day/Yo	Execution Date,		Code (Instr. 5)			Benefic	es ially Following	Form: (D) or	rm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
							Code V	'	Amount	(A) or (D)	Price	Transac	action(s) 3 and 4)			(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Code	Fransaction of E Code (Instr. Derivative (M			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative s (Instr. 3 and			j Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amount or Number of Shares						
Deferred Stock Units	(1)	02/05/2024		A		372		(1)		(1)	Common Stock	372	\$0	372		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 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-Fact 02/07/2024

** Signature of Reporting Person Dat

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.