FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average I	hurden									

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

hours per response: 0.5

					UI	Secu	1011 30(11)	OI LIIC	e invesimen	ii Co	IIIPariy Act	01 1940							
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol AFFILIATED MANAGERS GROUP INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MEYERMAN HAROLD J				1	AMG]								X 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 HALE STREET			12/	12/14/2012															
													C. Individual on Taint/One on EV. (Cl. 1.4. V. 1.						
(Street)				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
PRIDES MA 01965 CROSSING				- 1								X Form filed by One Reporting Person							
												Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																
		Tab	ole I - Nor	า-Deriv	ative	e Se	curitie	s A	cquired,	Dis	posed o	f, or Be	neficial	ly Owned	l				
Date			2. Trans Date (Month/I		Execution D eay/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			Beneficia Owned F	es For ally (D) Following (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Transact	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 Date if any (Month/Day/Ye	Date, 1	4. Fransa Code (I 3)				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i F	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Director Stock Option (Right to Buy)	\$127.91	12/14/2012			A		1,411		12/31/2016	(1)	12/14/2019	Common Stock	1,411	\$127.91	1,411		D		
Stock Units ⁽²⁾	(2)	12/14/2012			A		313		01/01/2017	(2)	(2)	Common Stock	313	\$0	313		D		

Explanation of Responses:

- 1. This option is exercisable in 25% increments on each of December 31, 2013, 2014, 2015 and 2016. The exercisability of this option would be accelerated upon a change of control of the Company.
- 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, 2014, 2015, 2016 and 2017. The vesting of the stock units would be accelerated upon a change of control of the Company.

/s/ John Kingston, III, Attorney-in-Fact

12/14/2012

** 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.