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SCHLOSST Form 4	TEIN RALPH											
May 04, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										9PROVAL 3235-0287		
Check this box if no longer STATEMENT OF CHANCES IN RENEFICIAL OWNERS							ERSHIP OF	Expires:	January 31, 2005			
subject to Section 16. Form 4 or								Estimated a burden hour response				
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type	Responses)											
1. Name and A	Symbol	er Name ar		or Trac		5. Relationship of Reporting Person(s) to Issuer						
				of Earliest '	-	n		(Check all applicable)				
(Mont				5/03/2018 -				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President and CEO				
				Month/Day/Year) A				Applicable Line)	· ·			
NEW YORK, NY 10055 Form filed by More than One Reporting Person Person												
(City)	(State)	(Zip)	Та	ble I - Non	-Derivativ	e Seci	urities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactic Code (Instr. 8)		of (D) 4 and 3)	or 5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					A <i>i</i>	(A) or	р.	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Shares of Class A common				Code V	Amount	(D)	Price					
	05/03/2018			S	13,987	D		4 128,018	D			
Shares of Class B common stock, par value								1	D			

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\$0.01 per share			
Shares of Class B common			Share
stock, par value \$0.01 per share	1	Ι	held in trust. (2)

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

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 control number.

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/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SCHLOSSTEIN RALPH C/O EVERCORE INC. 55 EAST 52ND STREET NEW YORK, NY 10055	Х		President and CEO				
Signatures							
/s/ Jason Klurfeld, as Attorney-in-Fact	05/04/2018						
**Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).

(1) This price represents the approximate weighted average price per share of Class A common stock of sales that were executed at prices ranging from approximately \$100.05 to \$102.63 per share. The Reporting Person undertakes to provide, upon request by the Securities and Exchange Commission Staff, the Issuer or a security holder of the Issuer, full information regarding the number of shares of Class A common stock sold at each price.

These securities are held in trust for the benefit of Mr. Schlosstein's family. Mr. Schlosstein disclaims beneficial ownership of these(2) securities and the filing of this report is not an admission that Mr. Schlosstein is the beneficial owner of these securities for the purposes of Section 16 or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.