FORM 4

UNITED STATES

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB APPROVAL									
- 1										
	OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Evercore Inc. [EVR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Altman Roger C				= -	CIC	010	<u> </u>						1	Director	r		10% Ov	vner	
(Last) (First) (Middle))ate n	of Earl	iest Tran	saction (N	/onth	(Day/Year)			1	Officer below)	(give title		Other (s	specify
C/O EVERCORE INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/24/2024								Founder and Senior Chairman						
55 EAST 52ND STREET																			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
NEW YO	RK N	Y	10055											1	-	,	•	rting Perso	- 1
															Form fil Person		e than	One Repor	ting
(City)	(St	ate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.			Execution Date,		Code	Transaction Disposed Of (D) (Instr. 3, 4			red (A) o str. 3, 4	4 and Securitie Beneficia Owned F		es Fo ally (D) following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)		ce		ransaction(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)	rivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ansaction of lerivative securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	ode ,	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha	.					
Partnership units of Evercore LP	(1)	10/24/2024		G	;(2)			51,000	(1)		(1)	Partnershij units of Evercore LP	51	000	(2)	193,93	34	D	

Explanation of Responses:

1. Pursuant to the Amended and Restated Certificate of Incorporation of Evercore Inc., Evercore LP partnership units are, subject to certain restrictions in the Evercore LP partnership agreement, exchangeable on a one-to-one basis for shares of Evercore Inc. Class A common stock, subject to customary conversion rate adjustments for stock splits, stock dividends and reclassifications.

2. Mr. Altman has made a bona fide gift of these Evercore LP partnership units to the Altman Kazickas Foundation, a not-for-profit institution.

/s/ Jason Klurfeld, as Attorney-10/28/2024 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.