FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
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0.5

hours per response:

| | Check this box if no longer subject to | | | | | | | | | |
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| ٦ | Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | | | | |
| J | 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* MILLARD ROBERT B | | | | | 2. Issuer Name and Ticker or Trading Symbol Evercore Partners Inc. [EVR] | | | | | | | | | | heck a | tionship of Reportin all applicable) Director | | , | Issuer Owner | |
|---|--|--|---|-----------------|--|---|---|------------------|---------------------------------------|--------|---|---|-------------------------------|-----------|---|---|---|---|--|--|
| (Last) (First) (Middle) C/O EVERCORE PARTNERS INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2017 | | | | | | | | | | | Officer (give title below) | | Othe belov | r (specify v) | |
| 55 EAST 52ND STREET (Street) NEW YORK NY 10055 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ne) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ay/Year) Execut | | | A. Deemed kecution Date, any lonth/Day/Year) | | Transaction Disposed (Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | nd S B | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | т | Transaction(s) (Instr. 3 and 4) | | | (1130.4) | |
| Shares of Class A common stock, par value \$0.01 per share 06/12/ | | | | | /2017 | | | A ⁽¹⁾ | A ⁽¹⁾ 1, | | 295 A S | | \$0.0 | 00 | 44,627 | | D | | | |
| | 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. Transaction Code (Instr. 8) | | | | 6. Date E. Expiratio (Month/D | n Date | • | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pric Deriva Securi (Instr. | tive d ty S 5) E F F | D. Number of derivative Securities Beneficially Dwned Following Reported Transaction(Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | | |

Explanation of Responses:

1. These restricted stock units will vest on June 12, 2018, subject to accelerated vesting in certain circumstances.

Remarks:

/s/ Adam B. Frankel, as Attorney-in-Fact 06/13/2017

** 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.