## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

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1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (Instr. 5)			nd Secu Bene Own	ficially d Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	/ Amount	(A) (D)	Price		action(s) 3 and 4)			(Instr. 4)	
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1. Title of Derivative Security (Instr. 3)	or Exercise (Month/Day/Year) if any		Execution Date,		Transaction of E Code (Instr. Derivative (		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		of	10.	Beneficial Ownership (Instr. 4)	
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## **Explanation of Responses:**

- 1. 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 Partners Inc. Class A common stock, subject to customary conversion rate adjustments for stock dividends and reclassifications.
- 2. Mr. Mestre has made a bona fide gift of these Evercore LP units to Wheaton College, an unaffiliated organization.

/s/ Adam B. Frankel, as 06/09/2009 Attorney-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.