SEC Form 4

Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: 3235-0287 | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| hours per response | : 0.5 | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* WHEELER WILLIAM J | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Evercore Inc.</u> [EVR] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|--|---|-----------------|--|--|--|-----------|--------------------------------|---|---------------|--|---|--|---|---|--|------------|--|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | 1 | Direc Office | tor er (give title | | 10% Owner Other (specify | | | | |
| (Last) | (F | rst) (Middle) | | | 06/18/2024 | | | | | | | | belov | | | below) | | | |
| | ERCORE I | | | | 4. If Ai | mend | ment, Date o | f Origina | I Filed | I (Month/Da | y/Year) | | | idual o | r Joint/Grou | p Filing (| Check A | Applicable | |
| 55 EAST 52ND STREET | | | | | | | | | | | ۲Ľ | Line) Form filed by One Reporting Person | | | | | son | | |
| (Street) | ORK N | V 1 | 0055 | | | | | | | | | | | | filed by Mo | • | 0 | | |
| | | | | | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (S | tate) (2 | Zip) | | Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | ecu | rities Acq | uired, | Dis | oosed of | , or Be | nefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) if any | | Deemed cution Date, y nth/Day/Year) | Transaction Dis Code (Instr. 5) | | 4. Securitie Disposed 5) | | | and | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Pric | | | | | ed ction(s) 3 and 4) | (Instr. 4) | |
| Shares of Class A common stock, par value \$0.01 per share06/18/2 | | | | 2024 | | | A ⁽¹⁾ | | 639 | A | \$0 | .00 | 11,751 | | 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. Deer Execution if any (Month/I | | Transaction of | | 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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow Foi y Dir or (I) | vnership rm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. These restricted stock units will be delivered on June 18, 2025, subject to accelerated vesting in certain circumstances

/s/ Jason Klurfeld, as

Attorney-in-Fact

Expiration Date Amount or Number

of Shares

Title

06/20/2024

** 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).

Code V

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.

Date

Exercisable

(A) (D)