## FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| <br>_ |    |      |      | -  |    |    | _   |     | _ |
|-------|----|------|------|----|----|----|-----|-----|---|
|       | Wa | ashi | ngto | n, | D. | C. | 205 | 349 | Э |

# **ANNUAL STATEMENT OF CHANGES IN BENEFICIAL**

| OMB APPI                 | ROVAL     |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0362 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response       | 1.0       |  |  |  |  |  |  |

| Check                                                                                                                                          | this box if no l             | onger subject                                                           |                                                                           |                                                                                                         | vvaoriirige                                         | on, D.O. 200-                                                     | 10                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                        | OMB                                            | APPRO                                  | OVAL                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  Form 3 Holdings Reported. |                              | ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP                     |                                                                           |                                                                                                         |                                                     |                                                                   |                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Est                                                              | OMB Number: 3235-0362 Estimated average burden hours per response: 1.0 |                                                |                                        |                                                                                           |
| Form:                                                                                                                                          | 3 Holdings Rep               | orted.                                                                  | E0                                                                        |                                                                                                         | : 40(-) -                                           | .f. # O't'                                                        | Fb                                         |                    | - £ 4004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                        |                                                |                                        |                                                                                           |
| Form                                                                                                                                           | 4 Transactions               | Reported.                                                               | Filed                                                                     | d pursuant to Sect<br>or Section 30(h                                                                   |                                                     |                                                                   |                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                        |                                                |                                        |                                                                                           |
| 1. Name and Address of Reporting Person*                                                                                                       |                              |                                                                         | 2. Issuer Name <b>and</b> Ticker or Trading Symbol                        |                                                                                                         |                                                     |                                                                   |                                            |                    | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                        |                                                |                                        |                                                                                           |
| BEATTIE RICHARD I                                                                                                                              |                              |                                                                         | Evercore Inc. [ EVR ]                                                     |                                                                                                         |                                                     |                                                                   |                                            |                    | X Direc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,                                                                |                                                                        | 10% (                                          | Owner                                  |                                                                                           |
| (Last) (First) (Middle) C/O EVERCORE INC.                                                                                                      |                              | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022 |                                                                           |                                                                                                         |                                                     |                                                                   | Year)                                      | Office<br>below    | er (give titl<br>/)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tle                                                              | Other<br>below                                                         | (specify<br>)                                  |                                        |                                                                                           |
| 55 EAS                                                                                                                                         | Γ 52ND ST                    | REET                                                                    |                                                                           | 4. If Amendmer                                                                                          | nt, Date of                                         | Original Filed                                                    | d (Month/Da                                | ay/Yea             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Individual or                                                    | Joint/Gro                                                              | oup Filir                                      | ng (Check                              | Applicable                                                                                |
| (Street)                                                                                                                                       |                              |                                                                         |                                                                           |                                                                                                         |                                                     |                                                                   |                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - /                                                              | filed by C                                                             | One Rep                                        | oorting Per                            | son                                                                                       |
| NEW Y                                                                                                                                          | ORK N                        | <b>Y</b>                                                                | 10055                                                                     |                                                                                                         |                                                     |                                                                   |                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Form<br>Perso                                                    |                                                                        | More tha                                       | an One Re                              | porting                                                                                   |
| (City)                                                                                                                                         | (St                          | ate) (                                                                  | Zip)                                                                      |                                                                                                         |                                                     |                                                                   |                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                        |                                                |                                        |                                                                                           |
|                                                                                                                                                |                              | Table                                                                   | l - Non-Deriva                                                            | ative Securiti                                                                                          | es Acqı                                             | uired, Disp                                                       | posed of                                   | f, or              | Benefic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ially Own                                                        | ed                                                                     |                                                |                                        |                                                                                           |
| 1. Title of Security (Instr. 3)                                                                                                                |                              | 2. Transaction<br>Date<br>(Month/Day/Year)                              | 2A. Deemed<br>Execution Date,<br>if any                                   | _                                                                                                       |                                                     | 4. Securities Acquired (A) or Dispo<br>Of (D) (Instr. 3, 4 and 5) |                                            |                    | Securities<br>Beneficially                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  | Ownership<br>Form: Direct                                              |                                                |                                        |                                                                                           |
| 1. Title of S                                                                                                                                  | ecurity (Instr.              | 3)                                                                      | Date                                                                      | Execution Date, if any                                                                                  | 3.<br>Transacti<br>Code (Ins                        | ion   Of (D) (Iı                                                  | rities Acquir<br>nstr. 3, 4 and            | ed (A)<br>d 5)     | or Dispose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Securitie<br>Benefici                                            | es<br>ally                                                             | Owner<br>Form:                                 | rship Ir<br>Direct B                   | Nature of direct eneficial                                                                |
| 1. Title of S                                                                                                                                  | ecurity (Instr.              | 3)                                                                      | Date                                                                      | Execution Date,                                                                                         | Transacti                                           | ion   Of (D) (Iı                                                  | nstr. 3, 4 and                             | d 5)               | or Dispose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Securitie                                                        | es<br>ally<br>it end of<br>Fiscal                                      | Owner                                          | rship Ir<br>Direct B<br>O<br>ct (I) (I | direct                                                                                    |
| Shares of                                                                                                                                      |                              | ommon stock,                                                            | Date                                                                      | Execution Date, if any                                                                                  | Transacti<br>Code (Ins                              | on Of (D) (li                                                     | (A<br>(D                                   | d 5)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Securitie<br>Benefici<br>Owned a<br>Issuer's<br>Year (Ins<br>4)  | es<br>ally<br>it end of<br>Fiscal                                      | Owner<br>Form:<br>(D) or<br>Indired<br>(Instr. | rship Ir<br>Direct B<br>O<br>ct (I) (I | direct<br>eneficial<br>wnership                                                           |
| Shares of par value Shares of                                                                                                                  | f Class A co                 | ommon stock, share                                                      | Date<br>(Month/Day/Year)                                                  | Execution Date, if any                                                                                  | Transacti<br>Code (Ins<br>8)                        | Of (D) (listr.                                                    | (A)                                        | ) or               | Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Securitie<br>Beneficio<br>Owned a<br>Issuer's<br>Year (Ins<br>4) | es<br>ally<br>at end of<br>Fiscal<br>str. 3 and                        | Owner<br>Form:<br>(D) or<br>Indirec<br>(Instr. | rship Ir<br>Direct B<br>Oct (I) (I     | direct<br>eneficial<br>wnership                                                           |
| Shares of par value Shares of                                                                                                                  | f Class A co<br>\$0.01 per s | ommon stock,<br>share<br>ommon stock,<br>share                          | Date (Month/Day/Year)  02/24/2022  12/30/2022  ble II - Derivat           | Execution Date,<br>if any<br>(Month/Day/Year)                                                           | Transacti Code (Ins 8) $G^{(1)}$ $G^{(1)}$ S Acquii | Amount  80  1,00                                                  | (A) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D | ) or ) D           | \$0.00<br>\$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Securitic Benefici Benefici Owned a Issuer's Year (Ins 4)        | es ally tt end of Fiscal str. 3 and 453                                | Owner<br>Form:<br>(D) or<br>Indirec<br>(Instr. | rship Direct B O (I                    | direct<br>eneficial<br>wnership                                                           |
| Shares of par value Shares of                                                                                                                  | f Class A co<br>\$0.01 per s | ommon stock,<br>share<br>ommon stock,<br>share                          | Date (Month/Day/Year)  02/24/2022  12/30/2022  ble II - Derivat (e.g., pt | ive Securities  its, calls, wal  4. Transaction Code (Instr. 8)  5. Code (Instr. 8)  6. Code (Instr. 8) | G(1)  G(1)  G(1)  S Acquirrants, C                  | Amount  80  1,00                                                  | (A (D) | or Bolle seculunda | \$0.00 \$0.00 solutions solu | Securitic Benefici Benefici Owned a Issuer's Year (Ins 4)        | es ally tt end of Fiscal str. 3 and 453                                | Owner<br>Form:<br>(D) or<br>Indire<br>(Instr.  | rship Direct B O (I                    | direct eneficial wnership nstr. 4)  11. Nature of Indirect Beneficial Ownershi (Instr. 4) |

### **Explanation of Responses:**

1. Mr. Beattie has made a bona fide gift of these shares of Class A Common Stock to unaffiliated not-for-profit institutions.

#### Remarks:

/s/ Jason Klurfeld, as Attorney-in-Fact

Title

01/27/2023

\*\* 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.

(D)

Date Exercisable

Expiration