FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| ١ | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

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

| | nd Address of | 2. Issuer Name and Ticker or Trading Symbol Evercore Inc. [EVR] | | | | | | | | | | Relationshi neck all app X Direc | , | ng Pei | rson(s) to I | | | | | |
|---|--|--|---------|---|------------------|---|---|--|--------------------|--|---|--|---|--|---|--|---|---|--|--|
| (Last) | (Fi | (First) (Middle) | | | | | arliest 23 | t Trans | action (M | 1onth | /Day/Year) | | Office below | er (give title v) | | Other (s | specify | | | |
| C/O EVI | 4. If Ar | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | | | |
| (Street) NEW YORK NY 10055 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | I - Noı | n-Deriva | tive S | ecur | rities | Acq | uired, | Dis | osed of | , or | Ben | efici | ally Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | | | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | nd Securi Benefi Owned Follow | ties cially I ing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | eported ransaction(s) nstr. 3 and 4) | | | | |
| Shares of value \$0. | 2023 | | | | A ⁽¹⁾ | | 2,137 | | A | \$0.0 | 0 1 | 2,221 | | 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) | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 | | f ; g : nd 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial! Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | | |
| | | | Code | v | (A) | (D) | | | Expiration Date | Title | or Nur of | mber | | | | | | | | |

Explanation of Responses:

 $1.\ These\ restricted\ stock\ units\ will\ be\ delivered\ on\ June\ 15,\ 2024,\ subject\ to\ accelerated\ vesting\ in\ certain\ circumstances.$

Remarks:

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

** Signature of Reporting Person

06/16/2023

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.