## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|             |      |       |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| 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 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* SCHLOSSTEIN RALPH   |   |              |               |                 |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  Evercore Partners Inc. [ EVR ] |   |  |  |   |                    |   |   |                                      |  | p of Reporting Person(s) to Issue<br>plicable)<br>ctor 10% Own    |  |   |  |
|--|---|--------------|---------------|-----------------|---|--|---|--|--|---|--------------------|---|---|--------------------------------------|--|---|--|---|--|
|  | • | ARTNERS INC. | Middle)       |                 |   | ate of<br>15/20  |   | st Trans                                       | saction  | h/Day/Year)   |                    |   | X   | Office<br>below                      | ,  | Other (specify<br>below)<br>t and CEO                             |  |   |  |
| (Street) NEW YC  |   |              | 10055<br>Zip) |                 | 4. If   | 4. If Amendment, Date of Original Filed (Month/                                    |   |  |  |   |                    |   |   | 6. Indiv<br>Line)<br>X               |  |   |  |   |  |
|  |   | Tabl         | e I - N       | on-Deriv        | ative   | Sec  | uritie  | s Ac   | quire  | d, Di   | sposed o           | f, or B   | enefic  | cially                               | Owne   | ed  |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/   |   |              |               | Execution Date, |   |  |   | s Acquired (A) or<br>f (D) (Instr. 3, 4 and 5) |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |                    | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                                 | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                      |  |   |  |   |  |
|  |   |              |               |                 |   |  |   |  | Code   | v   | Amount             | (A) or<br>(D)   | Price   |                                      | Reported Transaction(s) (Instr. 3 and 4)   |   |  | (1130.4)                                  |  |
| Shares of Class A common stock, par value \$0.01 per share 02/15/20  |   |              |               | 2015            | )15   |  |   | F  |  | 4,296   | D                  | \$52.   | 008(1)  | 6                                    | 04,606   | D   |  |   |  |
| Shares of Class B common stock, par value<br>\$0.01 per share  |   |              |               |                 |   |  |   |  |  |   |                    |   |   |                                      |  | 1   | D  |   |  |
| Shares of Class B common stock, par value<br>\$0.01 per share  |   |              |               |                 |   |  |   |  |  |   |                    |   |   |                                      |  | 1   | I  | Share<br>held in<br>trust. <sup>(2)</sup> |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |              |               |                 |   |  |   |  |  |   |                    |   |   |                                      |  |   |  |   |  |
| Derivative Conversion Date Execution Date, To Conversion or Exercise (Month/Day/Year) if any   |   |              |               |                 | Transaction of Code (Instr. De S) Se Ad (A Di of (Irstr. De Se Ad (Irstr. |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |   | rice of<br>vative<br>urity<br>rr. 5) | 9. Number o<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|  |   |              |               |                 | Code  | v  | (A)   | (D)  | Date<br>Exerci   | sable   | Expiration<br>Date | Title   | Amoun<br>or<br>Numbe<br>of<br>Shares                              |                                      |  |   |  |   |  |

## **Explanation of Responses:**

- 1. These shares were surrendered to Evercore Partners Inc. for payments of taxes in connection with the vesting of previously granted restricted stock unit awards.
- 2. This share of Class B common stock is held in trust for the benefit of Mr. Schlosstein's family. Mr. Schlosstein disclaims beneficial ownership of this share of Class B common stock and the filing of this report is not an admission that Mr. Schlosstein is the beneficial owner of this share of Class B common stock for the purposes of Section 16 or any other purpose.

## Remarks:

/s/ Adam B. Frankel, As Attorney-in-Fact

02/18/2015

\*\* 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.