FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

3235-0287 OMB Number: 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 | Address of Reporting Perso | on | 2. Issuer Name and Ticker or Trading Symbol <u>SEI INVESTMENTS CO</u> [SEIC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner |
|----------|----------------------------|----------|--|---|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2016 | Officer (give title Other (specify below) below) |
| (Street) | | | 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 |
| (City) | (State) | (Zip) | | Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned | Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|----------------------------------|--|---|---|---|--|---------------|---------|----------------------------------|-------------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (1130.4) |
| STOCK OPTION (RIGHT TO PURCHASE) | 12/12/2016 | | М | | 4,000 | Α | \$49.37 | 686,015 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|---|---|--|-----|--|--------------------|--|-------------------------------------|------------|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| STOCK OPTION RIGHT TO PURCHASE | \$49.37 | 12/12/2016 | | М | | 4,000 | | 12/28/2014 | 12/12/2016 | STOCK OPTION RIGHT TO PURCHASE | 4,000 | \$49.37 | 0 | D | |
| STOCK OPTION (RIGHT TO PURCHASE) | \$49.63 | 12/13/2016 | | М | | 10,000 | | 12/13/2023 ⁽¹⁾ | 12/13/2026 | STOCK OPTION (RIGHT TO PURCHASE) | 10,000 | \$49.63 | 10,000 | D | |

Explanation of Responses:

1. COMPANY GRANT OF NON-QUALIFIED STOCK OPTIONS, - 50% WILL VEST WHEN REPORTED, ADJUSTED EARNINGS PER SHARE EQUALS OR EXCEEDS \$2.40, 100% WILL VEST WHEN REPORTED, ADJUSTED EARNINGS PER SHARE EQUALS OR EXCEEDS \$3.30.

| RUTH MONTGOMERY | 10 |
|--------------------|-----|
| (ATTORNEY IN FACT) | 12/ |
| × | |

** Signature of Reporting Person

/14/2016

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.