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 0.5 hours per response:

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 | ł |
|--|---|
| or Section 30(h) of the Investment Company Act of 1940 | |

| 1 | s of Reporting Person [*] | | 2. Issuer Name and Ticker or Trading Symbol SEI INVESTMENTS CO [SEIC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--------------------------|------------------------------------|----------|---|--|---------------------------------|----------------------|--|--|
| MCCARTHY KATHRYN | | | | X | Director | 10% Owner | | |
| | (First) (Middle) | | | | Officer (give title | Other (specify | | |
| (Last) (First) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | |
| ONE FREEDOM VALLEY DRIVE | | | 12/11/2018 | | | | | |
| | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | dual or Joint/Group Filing (Che | eck Applicable Line) | | |
| OAKS | PA | 19456 | | X | Form filed by One Reporting | g Person | | |
| , | | | | | Form filed by More than On | e Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | |

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. Transac Code (li 8) | | 4. Securities Ac Disposed Of (D | | | Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---------------------------------|--|------------------------------------|---------------|-------|------------------------------------|---|---|
| | | | Code V | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |

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. Transac Code (Ir 8) | | Derivative | | 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 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) | \$47.47 | 12/11/2018 | | М | | 10,000 | | 12/11/2025 | 12/11/2028 | STOCK OPTION (RIGHT TO PURCHASE) | 10,000 | \$48.47 | 10,000 | D | |

Explanation of Responses:

RUTH MONTGOMERY (ATTORNEY IN FACT)

** Signature of Reporting Person

12/13/2018

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.