FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. OMB Number: 3235-0287 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	on [*]	2. Issuer Name and Ticker or Trading Symbol SELINVESTMENTS CO [SEIC]	5. Relationship of Reporting Pers (Check all applicable)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ROMEO CARMEN		[[]	X Director	10% Owner					
(First) VALLEY DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023	Officer (give title below)	10% Owner Other (specify below) Filing (Check Applicable Line) e Reporting Person					
(Street) OAKS PA 19456 (City) (State) (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)	X Form filed by One Rep	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
•	(First) VALLEY DRIVE	(First) (Middle) VALLEY DRIVE PA 19456	Image: Second of Control SEL INVESTMENTS CO [SEIC] (First) (Middle) VALLEY DRIVE 3. Date of Earliest Transaction (Month/Day/Year) PA 19456	ARMEN SEI INVESTMENTS CO [SEIC] (Check all applicable) (First) (Middle) VALLEY DRIVE 3. Date of Earliest Transaction (Month/Day/Year) PA 19456 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing X Form filed by One Rep Form filed by More that					

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)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(1130.4)
COMMON STOCK	12/01/2023		М		5,000	A	\$33.76	1,594,352	D	
COMMON STOCK	12/01/2023		S		5,000	D	\$59	1,589,352	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. Transac Code (Ir 8)				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)	\$33.76	12/01/2023		М			5,000	12/10/2020	12/10/2023	COMMON STOCK	5,000	(1)	0	D	

Explanation of Responses:

1. Received as employment compensation

Remarks:

/s/ Carmen Romeo, by Diane 12/04/2023 Gallagher, attorney in fact

** 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.

OMB APPROVAL

Estimated average burden hours per response: