FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person* Hicke Ryan						2. Issuer Name and Ticker or Trading Symbol SEI INVESTMENTS CO [SEIC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
THERE Kyan														X Direct	or		10% Ov	vner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/15/2023								below	'		Other (s below)	pecify		
1 FREEDOM VALLEY DRIVE															Chief Executive Officer					
(Chro od)			_ 4. I	lf Am	endment, I	Date o	of Original	Filed	(Month/Da		Individual or Joint/Group Filing (Check Applicable Line)									
(Street) OAKS PA 19456													X Form filed by One Reporting Person							
	Γ <i>I</i>	1	19430		-								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.																			
		Tak	ole I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed c	of, or Be	neficia	lly Owned	i					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					action 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 5)			red (A) or str. 3, 4 an	Benefic Owned	es Form ally (D) o Following (I) (Ir		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	ount (A) or Pr		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 12/1				5/202	5/2023			A		30,000 ⁽¹⁾ A		(2)	137,	608.77		D				
			Table II -								osed of, onverti			/ Owned						
1. Title of Derivative Conversion Date Security or Exercise (Month/Day/Year) If any				5. Number of ode (Instr. Derivative			Expiration Date of (Month/Day/Year) Un			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares							
Option to Purchase Common Stock	\$62	12/15/2023			Α		50,000		(3)	1	12/15/2033	Common Stock	50,000	(2)	50,000	0	D			
Option to Purchase Common	\$62	12/15/2023			A		50,000		(4)		12/15/2033	Common Stock	50,000	(2)	50,000	0	D			

Explanation of Responses:

- 1. Restricted stock units subject to vesting
- 2. Received as employment compensation.
- 3. Vest on December 31 of the year in which the Issuer attains an adjusted pre-tax earnings per share of \$5.25 or more, but not earlier than the second anniversary of the date of grant, in each case based upon audited financial statements of the Issuer and subject to certain adjustments.
- 4. Vest on December 31 of the year in which the Issuer attains an adjusted pre-tax earnings per share of \$7.10 or more, but not earlier than the fourth anniversary of the date of grant, in each case based upon audited financial statements of the Issuer and subject to certain adjustments.

/s/ Ryan Hicke, by John Munch, attorney in fact

12/19/2023

** 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.