FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|------------------|------------|-----------------|------------------|

| l | OMB APPRO | JVAL |
|---|------------------------|-----------|
| l | OMB Number: | 3235-0287 |
| | Estimated average burd | len |
| l | hours por rosponso: | 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* <u>Ujobai Joseph P</u> | | | | <u>SI</u> | Issuer Name and Ticker or Trading Symbol SEI INVESTMENTS CO [SEIC] Just of Earliest Transaction (Month/Day/Year) | | | | | | | | | k all applic Directo | onship of Reporting I Il applicable) Director Officer (give title below) | | on(s) to Issu 10% Ow Other (s below) | ner | | |
|---|--|--|--|-----------------|---|--|--|--|---|--------|---|---|-----------------------------------|---------------------------------------|---|--|---|--|--|--|
| (Last) (First) (Middle) ONE FREEDOM VALLEY DRIVE | | | | | 11/01/2012 | | | | | | | | | Ex | ecutive Vice President | | resident | | | |
| (Street) OAKS PA 19456 (City) (State) (Zip) | | | | | - 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person 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. Transar Date (Month/Date | | | | Execution Date, | | Transaction Disposed O Code (Instr. 5) | | ties Acquired (A) o I Of (D) (Instr. 3, 4 a | | | 5. Amour Securitie Beneficia Owned F | s Form Illy (D) o ollowing (I) (II | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r _{Prie} | се | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| Common Stock 11/01/ | | | | 1/201 |)12 | | M | | 50,000 A | | \$1 | 4.71 | 50,040 | | | D | | | | |
| Common Stock 11/01/ | | | | 1/201 | 2012 | | S | | 42,500 D | | \$2 | 22.35 | 7,540 | | | 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. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | l s | d. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amor or Numl of Share | ber | | | | | | |
| Stock Option (right to buy) | \$14.71 | 11/01/2012 | | | М | | 50,000 | | 12/15/200 | 6 1 | 2/15/2012 | Common Stock | 50,0 | 000 | \$14.71 | 0 | | D | | |

Explanation of Responses:

Ruth Montgomery (Attorney in 11/02/2012

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.