FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | 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. Name and Address of Reporting Person* LOUGHLIN EDWARD | | | | | | 2. Issuer Name and Ticker or Trading Symbol SEI CORP [SEIC] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own | | | | |
|--|---|--|---|-------------------------------|----------------------------------|---|--|---------------------------------|------------------------------------|--------------------|--|------------|-------------|------------------------|---|---|-----------------------|---|--|--|
| (Last) (First) (Middle) ONE FREEDOM VALLEY DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2004 | | | | | | | | | | belov | , | give title Other (specify below) cutive Vice President | | |
| (Street) OAKS | PA | | .9456 | | 4. If A | mend | lment, | Date of | f Original | l Filed | (Month/Da | ır) | | 3. Indiv Line) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (30 | | e I - No | n-Deriv | ative \$ | Secu | ıritie | s Aco | uired, | Dis | posed o | f, or | Bene | efici | ally | Owne | ed | | | \dashv |
| 1. Title of Security (Instr. 3) 2. Tran | | | | 2. Transa Date (Month/D | ction 2A Exc ay/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | or 5. Am 1 and Secur Benet Owne | | cially I Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect Beneficial Ownership | of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (<i>A</i> | A) or D) | Price | 9 | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | 03/24/ | 4/2004 | | | | S | | 16,800 | 300 D | | \$33 | 3.26 | 6 564,352.28 | | D | | |
| Common Stock | | | | | /2004 | | | | S | | 28,902 | | D | \$33.29 | | 535,440.283 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,582.757 | | I | By the SEI 401 (K) Plan | - 1 | |
| 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. Deem Execution if any (Month/D | n Date, | 4. Transact Code (In 8) | | 5. Num of Derive Secur Acqu (A) or Dispo of (D) (Instr- and 5 | ative rities ired osed | 6. Date E Expiratio (Month/D | n Dat | e Amount of | | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | | Ownersi Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership (Instr. 4) | t I |
| | | | | | Code \ | | | | | Expiration Date | Amoun or Numbe of Title Shares | | nber | | | | | | | |

Explanation of Responses:

Remarks:

Michelle Vaughn (Attorney-in- 03/25/2004 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.