FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | rden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | Address of Reporting F P ROBERT | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>SEI INVESTMENTS CO</u> [SEIC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|------------------------------------|---------|--|---|--|--|--|--|--|--|
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018 | X Onicer (give title Outer (specify below) below) EXECUTIVE VICE PRESIDENT | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Lin X Form filed by One Reporting Person | | | | | | |
| (City) | (State) | (Zip) | | 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. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities A Disposed Of (| | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|----------------------------------|--|---|------------------------------|---|----------------------------------|---|------------------------------------|---|---|---|
| | | | Code | v | Amount (A) or Price | | Transaction(s) (Instr. 3 and 4) | | (1130.4) | |
| STOCK OPTION (RIGHT TO PURCHASE) | 03/05/2018 | | М | | 15,000 | A | \$23.86 | 192,500 | D | |
| COMMON STOCK | 03/05/2018 | | S | | 15,000 | D | \$73.6 | 177,500 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (org), paro, vario, variano, opriorio, convortible covariato) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|--|--|---|--|--|--|
| 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. Transa Code (8) | | of | | 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 Transaction(s) (Instr. 4) | 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 | | | | |
| STOCK OPTION (RIGHT TO PURCHASE) | \$23.86 | 03/05/2018 | | М | | 15,000 | | 12/31/2017 | 12/14/2020 | STOCK OPTION (RIGHT TO PURCHASE) | 15,000 | \$23.86 | 0 | D | |

Explanation of Responses:

<u>RUTH MONTGOMERY</u> (ATTORNEY IN FACT)

03/07/2018

Date

** Signature of Reporting Person

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.