FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL												
	OMB Number:	3235-0287											
l	Estimated average burd	en											
l	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

		*			2 10	cuar	Name a	nd Tid	cker or Trading	Symbo			5.5	Palationshin	of Deportin	a Darc	on(e) to lee	or	
1. Name and Address of Reporting Person*  RODRIGUEZ RITA M						2. Issuer Name and Ticker or Trading Symbol AFFILIATED MANAGERS GROUP INC AMG								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
RODRIGUEZ KITA M														X Director			10% Ow		
(Last)	(Fi	rst)	(Middle)											Officer below)	pecify				
C/O AFI	ILIATED I	MANAGERS G		3. Date of Earliest Transaction (Month/Day/Year)															
600 HALE STREET							07/20/2010												
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
PRIDES CROSSI	NG MA		01965											X Form filed by One Reporting Person  Form filed by More than One Reporting					
						Person								e triari	One Repon	ing			
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	Se	curitie	s A	cquired, Di	spos	ed o	f, or Bei	neficial	ly Owned	l				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date			Code (Inst	n Dis				Benefici Owned F	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code V	Am	ount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)		1	(Instr. 4)	
		٦							quired, Dis s, options,					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day/	ate, Ti	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye	te	nd	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares						
Director Stock Option (Right to Buy)	\$62.91	07/20/2010			A		3,277		12/31/2013 <sup>(1)</sup>	07/20/	2017	Common Stock	3,277	\$62.91	3,277	7	D		
Stock	(2)	07/20/2010			A		636		(2)	(2)	)	Common	636	\$0	1,731	1	D		

## **Explanation of Responses:**

- 1. This option is exercisable in 25% increments on each of December 31, 2010, 2011, 2012 and 2013. The exercisability of this option would be accelerated upon change of control of the Company.
- 2. Represents stock units granted to the reporting person under the Company's Deferred Compensation Plan. Each stock unit represents a right to receive one share of the Company's common stock or, at the election of the plan administrator, cash with an equivalent value, upon vesting. The stock units vest in four equal annual installments beginning on January 1 of the year following grant.

/s/ John Kingston, III, 07/22/2010 Attorney-in-Fact

\*\* 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.