FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	ourden								
- 1	houre per recognese:	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

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol AFFILIATED MANAGERS GROUP INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MEYERMAN HAROLD J				AMG]									X Director			10% Ow	ner		
(Last)	(Fi	rst)	(Middle)										Officer (give title below)			Other (s below)	pecify		
C/O AFFILIATED MANAGERS GROUP, INC.						3. Date of Earliest Transaction (Month/Day/Year)													
600 HALE STREET					12/14/2011														
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
PRIDES CROSSI	NG M	A	01965								X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	Se	curitie	s Ac	cquired, Di	spos	ed o	f, or Bei	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date		Code (Instr. 5)			Benefici Owned F	es ally Following	Form (D) or	orm: Direct 0) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership							
						Code V	Am	ount	(A) or (D)	Price	Reporte Transac (Instr. 3	ion(s)			(Instr. 4)				
		٦							quired, Dis s, options,					Owned					
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/Yea	Date, Ti	4. Transac Code (Ir 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		nd	7. Title ann Amount o Securities Underlying Derivative (Instr. 3 ar	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect 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)	\$90.22	12/14/2011			A		2,034		12/31/2015 ⁽¹⁾	12/14/	/2018	Common Stock	2,034	\$90.22	2,034	ı	D		
Stock	(2)	12/14/2011			A		444		01/01/2016 ⁽²⁾	(2	!)	Common	444	\$0	444		D		

Explanation of Responses:

- 1. This option is exercisable in 25% increments on each of December 31, 2012, 2013, 2014 and 2015. The exercisability of this option would be accelerated upon a 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 25% increments on each of January 1, 2013, 2014, 2015 and 2016. The vesting of the stock units would be accelerated upon a change of control of the Company.

/s/ John Kingston, III, Attorney-in-Fact

12/16/2011

** 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.