CRATE DARRELL W Form 4

March 08, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

Check this box

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

See Instruction

1(b).

(Last)

(City)

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person * CRATE DARRELL W

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

AFFILIATED MANAGERS **GROUP INC [AMG]**

(Month/Day/Year)

C/O AFFILIATED MANAGERS GROUP, INC., 600 HALE STREET

(Zip)

(Middle)

03/04/2010

3. Date of Earliest Transaction

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner Other (specify X_ Officer (give title below)

Executive V.P. and CFO

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

PRIDES CROSSING, MA 01965

| | | 1 4101 | Table 1 Troit Derivative Securities required, Disposed of, of Denemerary Owned | | | | | | | |
|-----------------|---------------------|--------------------|--|------------------------------|-----|--------------|------------------|--------------|------------|--|
| 1.Title of | 2. Transaction Date | | 3. | 4. Securities Acquired | | 5. Amount of | 6. Ownership | | | |
| Security | (Month/Day/Year) | Execution Date, if | | action(A) or Disposed of (D) | | | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | Code | (Instr. 3, 4 and 5) | | | Beneficially | (D) or | Beneficial | |
| | | (Month/Day/Year) | (Instr. 8) | | | | Owned | Indirect (I) | Ownership | |
| | | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | | Reported | | | |
| | | | | | (A) | | Transaction(s) | | | |
| | | | | | or | | (Instr. 3 and 4) | | | |
| | | | Code V | Amount | (D) | Price | (Instr. 5 und 1) | | | |
| Common | 03/04/2010 | | M | 2,254 | A | \$ 44.35 | 32,533 | D | | |
| Stock | | | | | | 44.33 | | | | |
| Common Stock | 03/04/2010 | | F | 1,316 | D | \$ 75.92 | 32,533 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|---------------------------------------|-----|-------|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (Right to Buy) | \$ 44.35 | 03/04/2010 | | M | 2 | 2,254 | 12/31/2007 | 12/10/2010 | Common Stock | 2,254 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CRATE DARRELL W C/O AFFILIATED MANAGERS GROUP, INC. 600 HALE STREET PRIDES CROSSING, MA 01965

Executive V.P. and CFO

Signatures

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

03/08/2010

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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