FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

OMB APPROVAL OMB Number: 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* Altman Roger C					2. Issuer Name and Ticker or Trading Symbol Evercore Partners Inc. [EVR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Aitman	<u>Roger C</u>						01010		<u>o mar</u>		,				X	Direc	ctor		10% O	wner		
(Last)	(Fi	rst) (Middle)		3. D	Date of Earliest Transaction (Month/Day/Year)									X	Offic			Other (below)	(specify		
C/O EVERCORE PARTNERS INC.						02/15/2012										Exec	utive Chair	man	n and Co-CEO			
			OOB.																			
55 EAST 52ND STREET, 38TH FLOOR					4.16	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)					4. "	AIII	enameni	, Date 0	or Original	Filed	(IVIOIIIII/Da	ау/ Үе	ear)		ine)	viduai d	i JoinvGroup) HIIII	y (Check A	pplicable		
NEW YO	ORK N	Ÿ 1	10055												X	Forn	n filed by One	e Repo	orting Pers	on		
11211 10	Tut IV														Form filed by More than One Reporting							
(City)	(St	ate) (Zip)													Pers	on					
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Bene	efici	ally	Owne	ed					
			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Securi Benefi Owned	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v			(A) or (D)	Pric	e		ted action(s) 3 and 4)		(Instr. 4)				
Shares of \$0.01 per		mmon stock, par	value	02/15	5/2012	2			A ⁽¹⁾		39,49	1	A	9	\$0 400,008 D							
Shares of \$0.01 per		mmon stock, par	value														1		D			
Shares of Class B common stock, par value \$0.01 per share																	1		I	Share held by trust. ⁽²⁾		
	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. Transaction Code (Instr. 8)		5. Number of		Expiratio	. Date Exercisal Expiration Date (Month/Day/Year		Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Sec	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F D (I	.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Code		v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	Number											

Explanation of Responses:

- 1. Restricted Stock Units, which vest in four equal installments beginning on the first anniversary of the grant date.
- 2. This share of Class B common stock is held in trust for the benefit of Mr. Altman's family. Mr. Altman disclaims beneficial ownership of this share of Class B common stock, and the filing of this report is not an admission that Mr. Altman is the beneficial owner of this share of Class B common stock for the purposes of Section 16 or any other purpose.

/s/ Adam B. Frankel, as 02/17/2012 Attorney-in-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.