FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|) | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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| Na | ame and Address of Reporting Pers |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* HYMAN EDWARD S | | | | | 2. Issuer Name and Ticker or Trading Symbol Evercore Inc. [EVR] | | | | | | | | | Check all ap Dire | plicable) ctor | or 10 | | 0% O | wner |
|--|--|--|----------------------|--|--|-----------------|---|------|---|-----|-------------------------------|---------------|---|---|---|--|---|------|----------|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2019 | | | | | | | | | X Officer (give title Other (specify below) Vice Chair EPI & Chairman EISI | | | | | |
| (Street) NEW YO | DRK N | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person 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/Yea | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , T | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | 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) | | |
| | | | | | | | C | Code | v | Amo | | (A) or (D) | Price | Transactio | on(s) nd 4) | | (IIISII | . 4) | |
| Shares of Class A common stock, par value \$0.01 per share 02/04/2019 | | | | 19 |) | | | F | | 1, | 962 ⁽¹⁾ D \$89.274 | | 16,6 | 513 D | |) | | | |
| Shares of Class B common stock, par value \$0.01 per share | | | | | | | | | | | | | | 2 | | I i | | in | res held |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) 2 Execution Date, if any (Month/Day/Year) 2 Execution Date, if any (Month/Day/Year) 2 Execution Date, if any (Month/Day/Year) 3 Execution Date, if any (Month/Day/Year) 4 Execution Date, if any (Month | | | saction e (Instr. | Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares | | Report Transa (Instr. 4 | | ive cities Ownersh Form: Direct (D or Indire (I) (Instr. ed ction(s) | | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. These shares were surrendered to Evercore Inc. for the payment of taxes in connection with the vesting of previously granted restricted stock unit awards.
- 2. The Reporting Person holds 1 Share of Class B Common Stock through ISI Holding Inc. and 1 Share of Class B Common Stock through ISI Holding II, Inc., each of which is a corporation controlled by the Reporting Person.

Remarks:

/s/ Jason Klurfeld, as Attorney-02/06/2019 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.