

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940

<div>1. Name and Address of Reporting Person*</div> <div>ZIEGLER ANDREW A</div> <div>(Last)(First)(Middle)</div> <div>C/O ARTISAN PARTNERS ASSET MANAGEMENT</div> <div>INC, 875 E WISCONSIN AVE SUITE 800</div> <div>(Street)</div> <div>MILWAUKEE WI 53202</div> <div>(City)(State)(Zip)</div>	<div>2. Date of Event Requiring Statement (Month/Day/Year)</div> <div>03/06/2013</div>	<div>3. Issuer Name and Ticker or Trading Symbol</div> <div>Artisan Partners Asset Management Inc. [APAM]</div>	<div>4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</div> <div>X Director10% Owner</div> <div>X Officer (give title below)Other (specify below)</div> <div>EXECUTIVE CHAIRMAN</div>	<div>5. If Amendment, Date of Original Filed (Month/Day/Year)</div> <div></div> <div>6. Individual or Joint/Group Filing (Check Applicable Line)</div> <div>Form filed by One Reporting Person</div> <div>X Form filed by More than One Reporting Person</div>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

<div>1. Name and Address of Reporting Person*</div> <div>ZIEGLER ANDREW A</div> <div>(Last)(First)(Middle)</div> <div>C/O ARTISAN PARTNERS ASSET MANAGEMENT</div> <div>INC, 875 E WISCONSIN AVE SUITE 800</div> <div>(Street)</div> <div>MILWAUKEE WI 53202</div> <div>(City)(State)(Zip)</div>
<div>1. Name and Address of Reporting Person*</div> <div>ARTISAN INVESTMENT CORP</div> <div>(Last)(First)(Middle)</div> <div>875 E WISCONSIN AVE SUITE 800</div> <div>(Street)</div> <div>MILWAUKEE WI 53202</div> <div>(City)(State)(Zip)</div>
<div>1. Name and Address of Reporting Person*</div> <div>ZFIC, Inc.</div> <div>(Last)(First)(Middle)</div> <div>875 E WISCONSIN AVE SUITE 800</div> <div>(Street)</div> <div>MILWAUKEE WI 53202</div> <div>(City)(State)(Zip)</div>

1. Name and Address of Reporting Person*

ZIEGLER CARLENE M

(Last) (First) (Middle)

875 E WISCONSIN AVE SUITE 800

(Street)
MILWAUKEE WI 53202

(City) (State) (Zip)

Explanation of Responses:

No securities are beneficially owned.

[Lisa A. Moran, attorney-in-fact
for Andrew A. Ziegler](#) [03/06/2013](#)

[Lisa A. Moran, attorney-in-fact
for Artisan Investment
Corporation](#) [03/06/2013](#)

[Lisa A. Moran, attorney-in-fact
for ZFIC, Inc.](#) [03/06/2013](#)

[Lisa A. Moran, attorney-in-fact
for Carlene Ziegler](#) [03/06/2013](#)

** 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 5 (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.