Edgar Filing: ALLIANCE RESOURCE PARTNERS LP - Form 4

ALLIANCE RESOURCE PARTNERS LP

Form 4 May 15, 2017

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

Number: 3235-0287

Expires: January 31, 2005

0.5

Estimated average burden hours per response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading WYNNE THOMAS M Issuer Symbol ALLIANCE RESOURCE (Check all applicable) PARTNERS LP [ARLP] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_ Officer (give title Other (specify (Month/Day/Year) below) 1717 S. BOULDER AVENUE 05/15/2017 Senior Vice President and COO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

TULSA, OK 74119

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Instr. 3, 4 and 5) Indirect (I) Ownership (Month/Day/Year) (Instr. 8) Owned Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

Common 62,297.9292 D

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

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 control number.

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

Person

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | | 6. Date Exercisable and Expiration Date | | 7. Title and Amount of Underlying Securities | | 8. Price of Derivative |
|---|------------------|--------------------------------------|------------------|-----------------|-----------------|---|------------------|--|------------------|------------------------|
| Security | or Exercise | | any | Code | Code Derivative | | (Month/Day/Year) | | (Instr. 3 and 4) | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Securities | | | | | (Instr. 5) |
| · · | Derivative | | | | Acquired | | | | | ` ′ |
| | Security | | | | (A) or | | | | | |
| | | | | | Disposed | | | | | |
| | | | | | of (D) | | | | | |
| | | | | | (Instr. 3, 4, | | | | | |
| | | | | | and 5) | | | | | |
| | | | | | una 0) | | | | | |
| | | | | | | | | | Amount | |
| | | | | | | Date | Expiration | | or | |
| | | | | | | Exercisable | Date | Title | Number | |
| | | | | | | Exercisable | Date | | of | |
| | | | | Code V | (A) (D) | | | | Shares | |
| D 1 . | | | | | | | | | | |
| Phantom | <u>(2)</u> | 05/15/2017 | | A | 443 | (1) | (3) | Common | 443 | (3) |
| unit | _ | 30,10,2011 | | | | _ | _ | unit | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WYNNE THOMAS M 1717 S. BOULDER AVENUE TULSA, OK 74119

Senior Vice President and COO

Signatures

/s/ Thomas M. Wynne by Kenneth Hemm, pursuant to power of attorney dated April 11, 2013

05/15/2017

**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).
- (1) The Phantom Units are to be settled in ARLP common units upon the reporting person's death or termination
- **(2)** 1 for 1
- (3) Not applicable

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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