Edgar Filing: ALLIANCE RESOURCE PARTNERS LP - Form 4

ALLIANCE RESOURCE PARTNERS LP

Form 4

November 14, 2007

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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OMB APPROVAL

response...

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

obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * WESLEY CHARLES R

(First)

(Middle)

2. Issuer Name and Ticker or Trading

Symbol

5. Relationship of Reporting Person(s) to

Issuer

ALLIANCE RESOURCE PARTNERS LP [ARLP]

3. Date of Earliest Transaction

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

(Month/Day/Year)

below) 11/14/2007

Senior VP-Operations

(Check all applicable)

1717 S. BOULDER **AVENUE, SUITE 400**

> (Street) 4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

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

Person

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 Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially (D) or Owned (Instr. 4) Following

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Ownership Indirect (I) (Instr. 4)

(9-02)

(A) or

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

100,108 D

Common unit

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)

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. Number onof | 6. Date Exercisable and Expiration Date | | 7. Title and Amount of Underlying Securities | | 8. Price of Derivativ |
|------------------------|---------------|--------------------------------------|------------------|------------------|----------------|---|------------|--|--------|-----------------------|
| Security | or Exercise | | any | Code | Derivative | (Month/Day/ | /Year) | (Instr. 3 and 4) | | Security |
| (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) | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Amount | |
| | | | | | | Date | Expiration | | or | |
| | | | | | | Exercisable | Date | Title | Number | |
| | | | | | | Excicisable | Date | | of | |
| | | | | Code V | (A) (D) | | | | Shares | |
| DI . | | | | | | | | C | | |
| Phantom | <u>(2)</u> | 11/14/2007 | | A | 318 | (1) | (3) | Common | 318 | <u>(3)</u> |
| unit | | | | | | _ | _ | unit | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WESLEY CHARLES R 1717 S. BOULDER AVENUE SUITE 400 TULSA, OK 74119

Senior VP-Operations

Signatures

/s/ Charles R. Wesley III by Mindy Kerber, pursuant to power of attorney dated February 2, 2007

11/14/2007

**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 either cash or ARLP common units, at the election of the Compensation Committee, 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.

Reporting Owners 2