#### Edgar Filing: ALLIANCE RESOURCE PARTNERS LP - Form 4

ALLIANCE RESOURCE PARTNERS LP Form 4 May 15, 2008						
FORM 4 UNITED STATES SECURITIES AND EX	OMB APPROVAL					
Washington, D.C. 20						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 1(b). Securities Exchange Act of 1940						
(Print or Type Responses)						
1. Name and Address of Reporting Person *       2. Issuer Name and Ticker of Symbol         WYNNE THOMAS M       Symbol         ALLIANCE RESOURC       PARTNERS LP [ARLP]	E (Check all applicable)					
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 1717 S. BOULDER 05/15/2008 AVENUE, SUITE 400	Director 10% Owner X_Officer (give title Other (specify below) below) Vice President of Operations					
(Street) 4. If Amendment, Date Origin Filed(Month/Day/Year)	al 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) Table I - Non-Derivative	Securities Acquired, Disposed of, or Beneficially Owned					
(Month/Day/Year) (Instr. 8) (Instr. 3) Code V Amoun	(A) or       Securities       Form: Direct       Indirect         ed (A) or       Securities       Form: Direct       Indirect         ed (A) or       Beneficially       (D) or       Beneficial         (b, 4 and 5)       Owned       Indirect (I)       Ownership         Following       (Instr. 4)       (Instr. 4)         (A)       Reported       Transaction(s)         or       (Instr. 3 and 4)					
Common unit	32,751.9646 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title and A		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	Expiration D		Underlying S		Derivative
Security (Instr. 3)	or Exercise Price of		any (Month/Day/Year)	Code (Instr. 8)	of Derivative	(Month/Day	(Year)	(Instr. 3 and	4)	Security (Instr. 5)
(IIIsu. <i>3</i> )	Derivative		(Woldin Day Tear)	(11150.0)	Securities					(IIIsu. <i>5</i> )
	Security				Acquired					
	j				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
						Date	Expiration	T:41-	Amount or	
						Exercisable	Date	Title	Number of	
				Code V	(A) (D)				Shares	
Phanton unit	<u>(2)</u>	05/15/2008		А	33	(1)	(3)	Common unit	33	<u>(3)</u>

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# **Reporting Owners**

Reporting Owner Name / Address		Relati		
	Director	10% Owner	Officer	Other
WYNNE THOMAS M 1717 S. BOULDER AVENUE SUITE 400 TULSA, OK 74119			Vice President of Operations	
<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>				

### Signatures

/s/ Thomas M. Wynne by Mindy Kreber, pursuant to power of attorney dated February 2,	05/15/2008
2007	03/13/2008

\*\*Signature of Reporting Person

## **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 cash 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.

Date