Edgar Filing: ALLIANCE RESOURCE PARTNERS LP - Form 4

ALLIANCE RESOURCE PARTNERS LP Form 4 January 26, 2016 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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). (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 SACHSE ROBERT G 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) below) 1717 S. BOULDER 01/22/2016 Excutive Vice President **AVENUE, SUITE 400** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting **TULSA, OK 74119** Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 5. Amount of 2. Transaction Date 2A. Deemed 3. 4. Securities 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) anv Code Disposed of (D) Beneficially (D) or Beneficial (Instr. 3, 4 and 5) Ownership (Month/Day/Year) (Instr. 8) Owned Indirect (I) Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 80,723 D unit

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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Pric Deriva Securi (Instr. |
|---|---|---|---|--|------------|-----|--|--------------------|---|--|--|
| | | | | Code V | (A) (| (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom unit | <u>(1)</u> | 01/22/2016 | | А | 5,380 | | (2) | (3) | Common unit | 5,380 | <u>(3</u> |

Edgar Filing: ALLIANCE RESOURCE PARTNERS LP - Form 4

Reporting Owners

| Reporting Owner Name / Address | | | | | | | | | | | |
|--|----------|-----------|-------------------------|-------|--|--|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | | | |
| SACHSE ROBERT G 1717 S. BOULDER AVENUE SUITE 400 TULSA, OK 74119 | | | Excutive Vice President | | | | | | | | |
| Signatures | | | | | | | | | | | |
| /s/ Robert G. Sachse by Kenneth Hemm. pursuant to power of attorney dated April 10 | | | | | | | | | | | |

/s/ Robert G. Sachse by Kenneth Hemm, pursuant to power of attorney dated April 10, 01/26/2016

**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) 1 for 1
- (2) The Phantom units are to be settled in ARLP common units upon the reporting person's death or termination.
- (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