## Edgar Filing: Atanasov Atanas H - Form 4

Atanasov Ata	anas H											
Form 4												
April 25, 201	3											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box							Expires:	January 31,				
subject to <b>STATEMENT OF CHAN</b>				GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	200:		
Section 16.				SECURITIES					burden hours per			
Form 4 or Form 5					a .				response 0.5			
obligation	<b>1</b> 0						•	e Act of 1934,				
may conti	inue. Section 17			•	•			1935 or Section	1			
<i>See</i> Instru 1(b).	iction	50(II)	of the In	vestment	Compan	y Ac	t OI 194	0				
(Print or Type R	Responses)											
1. Name and Address of Reporting Person *2. IssueAtanasov Atanas HSymbol				suer Name <b>and</b> Ticker or Trading ol				5. Relationship of Reporting Person(s) to Issuer				
			NGL EI	nergy Part	iners LP	[NG]	[]	(Chec)	k all applicable	)		
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(Check	k un uppheuoie	)		
(Month/E				Day/Year)				Director 10% Owner				
			01/01/2	/2013				X_ Officer (give title Other (specify below) below)				
805								Senior VP	Finance & Trea	asurer		
	(Street)		4. If Ame	ndment, Da	te Origina	l		6. Individual or Jo	int/Group Filin	g(Check		
				Ionth/Day/Year)				Applicable Line)				
								_X_ Form filed by C Form filed by M				
TULSA, OK	X 74136							Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da			3.	4. Securi		-	5. Amount of	6. Ownership			
Security	(Month/Day/Year		n Date, if	Transactio Code		-		Securities	Form: Direct	Indirect Beneficial		
(Instr. 3) any (Month/Day/Ye			Dav/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned		Ownership		
		(		(				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(insure and i)				
Common Units	01/01/2013			F <u>(1)</u>	2,832	D	\$ 23.32	37,168	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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration D (Month/Day/ e	5. Date Exercisable and Expiration Date Month/Day/Year)		le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Toporting of the real of the real of	Director	10% Owner	Officer	Other				
Atanasov Atanas H 6120 S. YALE AVENUE, SUITE 805 TULSA, OK 74136			Senior VP Finance & Treasurer					
Signatures								
/s/ Atanas H								

/s/ Atanas H. 04/24/2013 Atanasov

<u>\*\*</u>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) Units withheld by the Issuer to satisfy the mandatory tax withholding requirement upon vesting of restricted units. This is not an open market sale of securities.

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.