### Edgar Filing: NGL Energy Partners LP - Form 4

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Form 4											
April 02, 2015 CODM / OMB APPROVAL									PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
if no long subject to Section 1 Form 4 o Form 5 obligatio may cont	Washington, D.C. 20549Number:Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires:January 3 20Statement of Section 16. Form 4 or Form 5 obligations may continue. See InstructionStatement of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Expires:January 3 20								0		
(Print or Type I	Responses)										
Burke James J Syr			Symbol	r Name <b>and</b> nergy Par			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction					(Check an approach)			
				onth/Day/Year) /31/2015				X Director 10% Owner X Officer (give title Other (specify below) below) President			
	Filed(Mon			endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
TULSA, OK 74136						porting					
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acqu	uired, Disposed of	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Units	03/31/2015			F <u>(1)</u>	3,486	D	\$ 26.205	292,413	D		
Common Units								33,872	Ι	See Footnote (2)	

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.

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 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)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Burke James J 6120 S. YALE AVENUE, SUITE 805 TULSA, OK 74136	Х		President				
Signatures							

## Signatures

/s/ James J. Burke	04/02/2015			
<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) The units were withheld by the Issuer to satisfy the tax withholding upon vesting of restricted units. This is not an open market sale of securities.

The units reported on this line are owned directly by Impact Development, LLC, which is solely owned by James J. Burke. The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these

(2) Terson discrams beneficial ownership of diese securities except to the extent of his peculiary interest dieterin, and the inclusion of diese securities in this report shall not be deemed an admission of beneficial ownership of all of the reported securities for purposes of Section 16 or any other purpose.

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.