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NGL Energ	y Partners LP											
Form 4												
August 17, 2	2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31,		
subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNER				ERSHIP OF	Estimated a	2005 verage		
Section		SECURITIES							burden hours per			
Form 4 Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						A at af 1024	response	0.5		
obligatio	-						•	Act of 1934, 1935 or Section				
may con	lunue.			nvestment	•	· ·						
<i>See</i> Insta 1(b).	ruction	50(II) C	JI UIC II	ivestillen	t Compa	ly 1 te	1011740	,				
1(0).												
(Print or Type	Responses)											
COLLINGSWORTH JAMES M Symbol				Issuer L Energy Partners LP [NGL]				-	of Reporting Person(s) to			
NGL E			(Check all applicable)									
(Last)	(First) (of Earliest T	ransaction							
						X_ Director 10% Owner Officer (give title Other (specify						
6120 S. YALE AVENUE, SUITE 08/13/ 805			08/13/2	/2015				below) below)				
(Street) 4. If Ame			4 If Am	mendment, Date Original			6. Individual or Joint/Group Filing(Check					
			Month/Day/Year) A				Applicable Line)					
							X_ Form filed by One Reporting Person					
TULSA, O	K 74136						-	Form filed by Mo Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date	2A. Deeme	2A. Deemed 3. 4. Securities Acq				quired (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution I	tion Date, if Transaction Disposed of (D)					Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Day	v/Vear)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct (D)	Beneficial Ownership		
		(Wond)/Da	y/1 car)	(Instr. 0)				Following	or Indirect	(Instr. 4)		
						(A)		Reported	(I)			
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
				Code V	Amount	(D)	Price	(Insu: 5 and 4)				
Common	09/12/2015			D	10.000		\$	27.000	D (2)			
Units	08/13/2015			Р	10,000	А	26.4689 (1)	27,000	D (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.

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

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
COLLINGSWORTH JAMES M 6120 S. YALE AVENUE, SUITE 805 TULSA, OK 74136	Х						
Signatures							
/s/ Sharra Straight , as Attorney in Fact	08/17/2015						
**Signature of Reporting Person	Γ	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).

The price is the weighted average price for the common units reported on this line. The range of prices from the transactions reported on
(1) this line is between \$26.31 and \$26.55 per unit. Complete information regarding the number of common units purchased at each separate price will be provided upon request by the Commission Staff, the issuer or a security holder of the issuer.

(2) 2,000 of these units are owned jointly by the Reporting Person and his spouse, Cindy Collingsworth.

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.