Edgar Filing: STONEMOR PARTNERS LP - Form 4

STONEMC Form 4 May 15, 20	DR PARTNERS L	Р	-									
FORM	ЛЛ									OMB A	PPROVA	۹L
	UNITED	STATES		RITIES				COMMISSIO	N	OMB Number:	3235	-0287
Check t if no los												ry 31,
subject Section	to SIAIEN	MENT OF	F CHAN	Expires: Estimated burden hou	2005							
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 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 30(h) of the Investment Company Act of 1940												0.5
(Print or Type	Responses)											
1. Name and HELLMA	Person [*]	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer					
			STONEMOR PARTNERS LP [STON]					(Check all applicable)				
(Last) (First) (Middle) 950 TOWER LANE, SUITE 800			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2014					Officer (give titleOther (specify below) below)				
Fi				endment, I onth/Day/Ye	e Origina	ıl	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
FOSTER (CITY, CA 94404							Person	,	ine than one re	oporting	
(City)	(State)	(Zip)	Tab	ole I - Non	-De	erivative	Securities A	cquired, Disposed	of,	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transacti Code (Instr. 8)	ionA E (Disposed Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Fo (D (I)	Ownership rm: Direct) or Indirect nstr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al iip
Demin 1 D		. f 1 1		Code V								
keminder: Re	port on a separate line	e for each cl	ass of sec	urities ben	iefic	Perso inforr requi	ons who res nation cont red to respo	or indirectly. spond to the collectained in this form ond unless the fo ntly valid OMB co	n a orm	re not	SEC 1474 (9-02)	

 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	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Phantom Units	<u>(1)</u>	05/13/2014		А		204.7502		(2)	(3)	common units	204.7502 $\underbrace{^{(4)}}_{(4)}$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HELLMAN ROBERT B JR 950 TOWER LANE, SUITE 800 FOSTER CITY, CA 94404	Х						
Signatures							
/s/ Shirley Herman, by Power of Attorney		05/15/20)14				

**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).

Each restricted phantom unit representing limited partner interests is the economic equivalent of one common unit representing limited partner interests. Restricted phantom units become payable, in cash or common units, at the election of the issuer, upon the separation of the reporting person from service as a director or upon the occurrence of certain other events specified in Section 409A of the Internal Revenue Code of 1986, as amended.

- (2) See Footnote 1.
- (3) See Footnote 1.
- (4) The reporting person received these restricted phantom units pursuant to the StoneMor Partners L.P. Long-Term Incentive Plan, as amended, in lieu of payment to the reporting person of \$5,000 which represents a portion of his annual director's retainer fee.

Represents restricted phantom units allocated to the person's deferred compensation account, including distribution equivalent rights
 (5) credited to such person's deferred compensation account in the form of phantom units and accrued on all phantom units allocated or credited to such account.

Remarks:

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes

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.