Edgar Filing: Smith Jeffrey D - Form 4

Smith Jeffrey Form 4	D											
January 24, 20	011											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this				<u> </u>					Expires:	January 31,		
if no longer subject to Section 16. Form 4 or				HANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per		
Form 5 obligation: may contin <i>See</i> Instruct 1(b).	Filed s Section	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							·	response 0.		
(Print or Type Ro	esponses)											
Smith Jeffrey D Symb				2. Issuer Name and Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer				
				Specialty MT]	Product	s Par	rtners,	(Check all applicable)				
(Last)	(First)	(Middle)	(Month/Da	-	insaction			Director X Officer (give below)		o Owner er (specify		
2780 WATE DRIVE SUIT		KWY E.	01/22/20)11				· · · · · · · · · · · · · · · · · · ·	ning and Econo	omics		
				ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
INDIANAPO	DLIS, IN 462	214							More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		ion Date, if	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				SecuritiesHBeneficially(OwnedH	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Units	01/22/2011			М	309	А	<u>(1)</u>	5,509	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)

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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. Transactiv Code (Instr. 8)	5. Numbe onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Units	<u>(1)</u>	01/22/2011		М	309	(2)	(2)	Common Units	309	\$ 0

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Smith Jeffrey D 2780 WATERFRONT PKWY E. DRIVE SUITE INDIANAPOLIS, IN 46214	200		VP - Planning and Economics					
Signatures								
/s/ R. Patrick Murray, II, as attorney-in-fact	01/24/2011							
**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) Each Phantom Unit is the economic equivalent of a Calumet Specialty Products Partners, L.P. Common Unit
- Each Phantom Unit becomes payable either in the form of a Common Unit or the cash value thereof upon the earlier of the date specified(2) by the reporting person or the reporting person's termination of service. 25% of the Phantom Units vest on January 22 of each year beginning on January 22, 2010. The reporting person settled the vested phantom units for common units.

Remarks:

Mr. Smith is an Officer of Calumet GP, LLC, the general partner of the Issuer

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.