Edgar Filing: Gottfredson Mark A. - Form 4

| Gottfredson M | ark A. | | | | | | | | | | |
|--|--|--------------|----------------|--------------------|------------------------|--------|---|---|------------------------|-------------------------|--|
| Form 4 | - | | | | | | | | | | |
| August 17, 201 | | | | | | | | | | | |
| FORM | 4 UNITE | тр стате | S SECURI | FIFS AN | D FXCI | | CF C | OMMISSION | OMB APPROVAL | | |
| | UNITE | DSIAIL | | | | | GEU | 01/11/11/05101 | OMB Number: | 3235-0287 | |
| Check this b | Check this box Washington, D.C. 20549 | | | | | | | | | January 31, | |
| | if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | Expires: | 2005 | | | |
| subject to Section 16. | | SECURITIES | | | | | | Estimated average burden hours per | | | |
| Form 4 or | | | | | | | | response | 0.5 | | |
| Form 5 | | | | | | | | e Act of 1934, | | | |
| obligations may continu | e. Section | | | | | | | 1935 or Section | 1 | | |
| See Instruct | | 30(h |) of the Inve | estment Co | ompany | Act of | of 194 | 0 | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type Res | nonses) | | | | | | | | | | |
| (Thit of Type Res | (polises) | | | | | | | | | | |
| 1. Name and Add | ress of Report | ing Person * | 2. Issuer N | ame and Ti | cker or Tr | ading | | 5. Relationship of | Reporting Pers | on(s) to | |
| 1. Name and Address of Reporting Person2. Issuer Name and Ticker or TradingGottfredson Mark A.Symbol | | | | | | Issuer | | | | | |
| | | | Emerge E | nergy Ser | vices LF | P [EM | IES] | | | 、 、 | |
| (Last) | (First) | (Middle) | 3. Date of E | arliest Trans | saction | - | _ | (Checl | k all applicable |) | |
| () | () | () | (Month/Day | | saction | | | X Director | 10% | Owner | |
| C/O EMERGE ENERGY 05/14/20 | | | | | | | | Officer (give title Other (specify below) | | | |
| SERVICES L | P, 6000 WE | STERN | | | | | | below) SEE | E REMARKS | | |
| PLACE, SUIT | E 465 | | | | | | | | | | |
| | (Street) | | 4. If Amend | ment, Date | Original | | | 6. Individual or Jo | int/Group Filin | g(Check | |
| Filed(Month/ | | | 'Day/Year) | | | | Applicable Line) | | | | |
| Form filed b | | | | | | | One Reporting Person More than One Reporting | | | | |
| FORT WORT | H, TX 7610 |)/ | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Table I | - Non-Der | ivative Se | curiti | es Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transactio | | | 3. | 4. Securi | | | 5. Amount of | 6. Ownership | | |
| Security | (Month/Day/ | | ution Date, if | Transactio | - | | | Securities | Form: Direct | | |
| (Instr. 3) | | any (Moi | nth/Day/Year) | Code (Instr. 8) | Disposed (Instr. 3, | | | Beneficially Owned | (D) or Indirect (I) | Beneficial Ownership | |
| | | × × | , , , | | · · · · | | ĺ. | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Reported | | | |
| | | | | a | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| COMMON | | | | Code V | | (D) | Price | | | | |
| COMMON UNITS | 05/14/2017 | 7 | | А | 5,760 (1) | А | \$0 | 36,990 | 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and ant of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno 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 | | | |
| Gottfredson Mark A. C/O EMERGE ENERGY SERVICES LP 6000 WESTERN PLACE, SUITE 465 FORT WORTH, TX 76107 | х | | | SEE REMARKS | | | |
| Signatures | | | | | | | |

| /s/ Mark A. Gottfredson | 08/17/2017 |
|------------------------------------|------------|
| **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) Represents restricted units that will vest in full on May 14, 2018.

Remarks:

The Reporting Person is a Director of Emerge Energy Services GP LLC, the general partner of the Issuer (the "General Partne

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.