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Griffin David We	st									
Form 4										
April 03, 2019										
FORM 4			GEGU			CHANGE			PPROVAL	
Washington, D.C. 20549									3235-0287	
Check this box if no longer									January 31, 2005	
subject to Section 16. Form 4 or							Estimated burden hou response	average urs per		
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940										
(Print or Type Respon	nses)									
1. Name and Address Griffin David We	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
		Calumet Specialty Products Partne L.P. [CLMT]				Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			Director X_ Officer (giv		% Owner her (specify		
2780 WATERFR EAST DRIVE, S	03/29/2019			below) below) EVP and CFO						
				4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
INDIANAPOLIS, IN 46214						Form filed by More than One Reporting Person				
(City) (A	State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day.		Date, if TransactionAcquired (A) or Code Disposed of (D) y/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)		Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Report on	a separate line	for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
reninier, report of	a separate mie				Perso inforr requi	ons who res nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)	
	Tabl					sposed of, or convertible	Beneficially Owned securities)	I		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri

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Security (Instr. 3)	-		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	`,	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (E) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Units	<u>(1)</u>	03/29/2019		А	65,390	(2)	(2)	Common Units	65,390	\$:

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Griffin David West 2780 WATERFRONT PARKWAY EAST DRIVE SUITE 200 INDIANAPOLIS, IN 46214			EVP and CFO			
Signatures						

D. West Griffin

04/03/2019

<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) Each Phantom Unit is the economic equivalent of a Calumet Specialty Products Partners, L.P. Common Unit.

Phantom Units represent 50% of David West Griffin's annual cash incentive award in lieu of cash. The Phantom Units are 100% vested. The Phantom Units will be settled in Common Units within 30 days of the first to occur of (i) a Change of Control that also constitutes a

(2) "Inermation of the section in control of the section of the section of the first to occur of (1) a charge of control that also constitutes a "change in control" within the meaning of Section 409A and any Internal Revenue Service guidance promulgated with respect to Section 409A and (ii) the fourth anniversary of the grant date.

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.