Fleming Bruce A Form 4 April 03, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16. Form 4 or

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

See Instruction 1(b).

(Last)

Security

(Instr. 3)

Form 5

obligations

may continue.

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Fleming Bruce A

2. Issuer Name and Ticker or Trading Symbol

Calumet Specialty Products Partners,

L.P. [CLMT]

3. Date of Earliest Transaction

03/29/2019

(Month/Day/Year)

2780 WATERFRONT PARKWAY

(First)

EAST DRIVE, SUITE 200

(Middle)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State) (Zip) 2. Transaction Date 2A. Deemed 1. Title of

INDIANAPOLIS, IN 46214

(Month/Day/Year) Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A) or

Code V Amount (D) Price

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.

Issuer

below)

Director X_ Officer (give title

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

Following

Transaction(s)

(Instr. 3 and 4)

Reported

SEC 1474 (9-02)

7. Nature of

Ownership (Instr. 4)

Indirect

(D) or Indirect Beneficial

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

EVP - Strategy & Growth

6. Ownership

Form: Direct

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

10% Owner

Other (specify

Estimated average

burden hours per

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if TransactionDerivative Conversion

5. Number of

6. Date Exercisable and **Expiration Date**

7. Title and Amount of 8. Pr **Underlying Securities**

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		(Month/Day/Year)		(Instr. 3 and 4)		Secu (Inst
				Code V	and 5) (A)	` /	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Units	<u>(1)</u>	03/29/2019		A	63,203		(2)	(2)	Common Units	63,203	\$:

Reporting Owners

Reporting Owner Name / Address	Relationships						
4	Director	10% Owner	Officer	Other			
Fleming Bruce A 2780 WATERFRONT PARKWAY EAST DRIVE SUITE 200 INDIANAPOLIS IN 46214			EVP - Strategy & Growth				

Signatures

/s/ D. West Griffin, as attorney-in-fact 04/03/2019

**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 Bruce A. Fleming'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 "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.

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