Edgar Filing: FREEDMAN ALLEN - Form 4

FREEDMA	N ALLEN									
Form 4										
May 15, 201										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Check this box if no longer subject to Section 16. SECURITIES						Expires: Estimated burden hol response	xpires: January 31 200 stimated average Irden hours per			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> FREEDMAN ALLEN			2. Issuer Name and Ticker or Trading Symbol STONEMOR PARTNERS LP [STON]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First) EMOR PARTN ETERANS HIC			of Earliest T Day/Year) 2013	ransaction		X Director Officer (giv below)	re title 104 below)	% Owner her (specify	
				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 Form filed by More than One Reporting			
LEVITTO	WN, PA 19056						Form filed by Person	More than One R	leporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed o	of, or Beneficia	ally Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution I any (Month/Day/Year)		Date, if TransactionAcquired (A) or Code Disposed of (D) ty/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or			Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect			
D 1 1 5		C	c	Code V		(D) Price				
Reminder: Rej	port on a separate li	ne for each cl	ass of sec	urities bene	ficially ow	ned 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	Date	7. Title and a Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Phantom Units	<u>(1)</u>	05/13/2013		А	206.6495	(2)	(3)	common units	206.6495

Reporting Owners

Reporting Owner Name / Address				
FB	Director	10% Owner	Officer	Other
FREEDMAN ALLEN C/O STONEMOR PARTNERS L.P. 311 VETERANS HIGHWAY, SUITE B LEVITTOWN, PA 19056	Х			
Signatures				
/s/ Shirley Herman, Attorney-in-Fact	05/15/20	13		
**Signature of Reporting Person	Date			

Explanation of Responses:

Internal Revenue Code of 1986, as amended.

- * 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

- (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 \$5,625 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 of

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.