Edgar Filing: Bray Basil Leon - Form 4

Bray Basil I	Leon										
Form 4 March 28, 2	013										
FORM	лл	STATES	SECU	RITIES A	AND EXC	HANGE	COMMISSIO	т	PPROVA	L	
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer STATEMENT OF CHANCES IN DENEELCIAL OWNEDSIDD C								Expires:	es: January 3 20		
Section Form 4	subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						WINEKSHIP OF	Estimated burden hou response	urs per		
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17(a) of the I	Public U	Itility Hol		oany Act	nge Act of 1934, of 1935 or Secti 940	on			
(Print or Type	Responses)										
1. Name and A Bray Basil	2. Issuer Name and Ticker or Trading Symbol SUNOCO LOGISTICS PARTNER			5. Relationship of Reporting Person(s) to Issuer							
	L.P. [SXL]				(Check all applicable)						
(Last) (First) (Middle) 1818 MARKET STREET, SUITE			3. Date of Earliest Transaction (Month/Day/Year) 03/28/2013			X_ Director 10% Owner Officer (give title Other (specify below) below)					
1500		UIIL	0312012	2015							
				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				
PHILADEI	LPHIA, PA 19103	3					Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative Se	ecurities A	cquired, Disposed	of, or Beneficia	lly Owned	ł	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	(A) or C(D) and 5) A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	ıl	
				Code V	Amount (1	D) Price					
Reminder: Rej	port on a separate line	e for each cl	ass of sec	urities bene	Persons informa required	s who res tion cont d to respo s a curre	or indirectly. Spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab	le II - Deriv	vative Sec	curities Acq	uired, Dispo	sed of, or	Beneficially Owned	1			

(e.g., puts, calls, warrants, options, convertible securities)

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

Edgar Filing: Bray Basil Leon - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Acquired (A) or Disposed (D)	Disposed of (D) (Instr. 3, 4,		Year)	(Instr. 3 and 4)		Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Units	<u>(1)</u>	03/28/2013		А	2,500 (2)		(3)	(3)	Common Units	2,500	Q
Restricted Units	<u>(1)</u>	03/28/2013		А	1,649 (2)		(3)	(3)	Common Units	1,649	9

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Bray Basil Leon 1818 MARKET STREET SUITE 1500 PHILADELPHIA, PA 19103	Х							
Signatures								
John J. DiRocco, Jr., attorney-i Bray	03/28	8/2013						

**Signature of Reporting Person
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) The conversion rate is 1 for 1.

This Form 4 is being filed to report a grant award of restricted units granted on March 28, 2013 pursuant to the Sunoco Partners LLC

Date

- (2) Long-Term Incentive Plan in a transaction exempt under Rule 16b-3. These restricted units vest ratably in increments of sixty percent after three years and the additional forty percent after five years. Incremental settlement is contingent only upon the individual continuing as a Director of the Company through the end of each vesting cycle.
- (3) Not applicable.

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.