

STONEMOR PARTNERS LP

Reported by **FREEDMAN ALLEN**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 08/19/13 for the Period Ending 08/15/13

Address 311 VETERANS HIGHWAY

SUITE B

LEVITTOWN, PA 19056

Telephone 2158262800

CIK 0001286131

Symbol STON

Fiscal Year 12/31





Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
FREEDMAN	ALLEN	N		-		ONEMO FON]	R	PARTN	ERS L	P	X Direc	ctor		10% (Owner	
(Last)	(First)	(Mid	ldle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)				Delow)	Officer (give title below)below)			Other (specify			
C/O STONEN L.P., 311 VET							:	8/15/201	13							
SUITE B																
(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
LEVITTOWN (City)	N, PA 19 (State)	9056 (Zip))										Reporting Pe		n	
		Table 1	I - Non-I	Deriv	ati	ive Securit	ties	Acquired	l, Dispos	ed of, o	r Beneficially		•			
1.Title of Security (Instr. 3)				2. Tra Date	ans.	2A. Deemed Execution Date, if	Co (In:	de Ac str. 8) Dis (In	Securities quired (A) of sposed of (E str. 3, 4 and (A) or nount (D)	Follo (Inst	mount of Securition Reported Tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Tab	le II - De	rivative	Securitio	es Be	ne	ficially Ov	wne	d (e.g. , 1	outs, call	s, warra	ants, options,	, convert	ible secur	ities)	•	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans Code (Instr 8)	S	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		Securities	nd Amount of s Underlying e Security nd 4)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially		Beneficial	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported	(I) (Instr. 4)		
Distribution Equivalent Rights	(1)	8/15/2013		A		395.5760		(2)	(3)	common units	395.5760	\$0	15671.4019	D		

Explanation of Responses:

- (1) The distribution equivalent rights accrue on restricted phantom units representing limited partner interests and 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 Internal Revenue Code of 1986, as amended. Each distribution equivalent right is the economic equivalent of one common unit representing limited partner interests.
- (2) See Footnote 1.
- (3) See Footnote 1.
- (4) Represents restricted phantom units allocated to the reporting person's deferred compensation account, including distribution equivalent rights 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 Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities covered by this statement, or (b) that this statement is legally required to be filed by such person.

Reporting Owners

Paparting Owner Name / Address		Relationsh	ationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FREEDMAN ALLEN						
C/O STONEMOR PARTNERS L.P.						
311 VETERANS HIGHWAY, SUITE B	X					
LEVITTOWN, PA 19056						

Signatures

/s/ Shirley Herman, Attorney-in-Fact 8/19/2013
** Signature of Reporting Person
Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.