

SUNOCO LP

Reported by **OWENS ROBERT W**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 11/12/14 for the Period Ending 11/10/14

Address 555 EAST AIRTEX DRIVE

HOUSTON, TX 77073

Telephone (832) 234-3600

CIK 0001552275

Symbol SUN

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

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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.	Issue	r Name a	nd Ti	cker	or	Tradii	ng Sy	mbo		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
OWENS ROBI	ERT W			Su	ınoc	o LP[SUN]									
(Last) (First) (Middle)				3.	Date	of Earlie	st Tra	nsact	ioi	n (MM/I	DD/YY	YYY)	X Director	X Director 10% Owner			
` ,	` ′	`	,										X Officer (g	give title bel	ow)	_ Other (sp	ecify
10 INDUSTRIAL							11/	10/2	20	14			below) President and CEO				
HIGHWAY, B	UILDIN	IG G, I	MS 4														
(Street)													6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)			
LESTER, PA 1	9029																
(City) (State) (Zip)														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
													<u> </u>			5	
		Tal	ole I - Noi	n-Deri	vativ	e Securit	ies A	cquii	red	d, Disp	osed	of,	or Beneficially Ow	ned			
1. Title of Security		2. Trai	ıs.	2A. Deemed	3. Tra	3. Trans.		4. Securities Acquired (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		y Owned	6. 7. Nature of Indirect	7. Nature		
(Instr. 3)			Date		Execution	(Instr		- 1	Disposed of (D)))	(Instr. 3 and 4)			Form: Beneficial		
						Date, if any	′ 	ı	4	(Instr. 3,	_	5)	4			Direct (D) or Indirect	Ownership (Instr. 4)
											(A) or					(I) (Instr.	(======================================
							Co	de	\rightarrow	Amount	(D)	Price	:			4)	
Common Units				11/10/	/2014		A	١.		(1)	A	\$0.00	500	000		D	
r	Гаhle II -	Derivat	ive Secur	ities R	enefi	icially Ov	vned ((ρ.σ.	_ r	outs, c	alls.	warı	ants, options, conv	vertible s	ecurities)		
Title of Derivate	2.	3. Trans.		4. Trans.		Number of	, 110 01			Exercisat			le and Amount of		9. Number	10.	11. Nature
Security (Instr. 3)	Conversion or Exercise	Date		Code (Instr. 8)		Derivative Securities Acquired (A) or		and Expiration Date Securities U					rities Underlying vative Security			Ownership Form of	of Indirect Beneficial
(msu. 3)	Price of			(msu. o)	D	isposed of (I))						. 3 and 4)	(Instr. 5)	Securities	Derivative 0	Ownership
	Derivative Security				(I	nstr. 3, 4 and	5)	5)							Beneficially Owned	Security: Direct (D)	(Instr. 4)
														1	Following	or Indirect	
								Date	امدا	Expi	ration	Title	Amount or Number of Shares		Reported Transaction	(I) (Instr. 4)	
	1	I	1	Code	lvl	(A)	(D)	Exerc	ısal	oie Date	;	l	Shares		(s) (Instr. 4)	l	

Explanation of Responses:

(1) Represents Phantom Units subject to time-based vesting.

Reporting Owners

Paparting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
OWENS ROBERT W 10 INDUSTRIAL HIGHWAY BUILDING G, MS 4 LESTER, PA 19029	X		President and CEO						

Signatures

Peggy J. Harrison, Attorney-in-fact for Mr. Owens 11/12/2014

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.

^{**} Signature of Reporting Person