#### Edgar Filing: Thompson Karen M. - Form 4

Thompson H	Karen M.											
Form 4	• • • • •											
January 23, 2019												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check th	Washington, D.C. 2004)						Expires:	January 31,				
	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							2005				
subject to Section 16. SECURITIES								Estimated average burden hours per				
Form 4 o	or									response 0.5		
Form 5 obligation	-						-	e Act of 1934,				
may con				•	•	· ·	•	1935 or Section	n			
See Instr	ruction	30(h)	) of the In	vestment	Compar	iy Ac	t of 194	10				
1(b).												
(Print or Type)	Responses)											
	-											
1. Name and Address of Reporting Person _ 2. Is				2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to				
Thompson	Symbol					Issuer						
	NuStar Energy L.P. [NS]					(Check all applicable)						
(Last)	(First) (	Middle)	3. Date of Earliest Transaction									
				(Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
19003 IH-1	01/18/2	019				below) below)						
								S	SVP & GC			
(Street) 4. I				I. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year)						Applicable Line)						
SAN ANTONIO, TX 78257 Person Person												
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		on Date, if						Form: Direct			
(Instr. 3) any (Month/I			Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)					Beneficially Owned		Beneficial Ownership		
		(111011111)	2 aj; 1 cai)	(1115111-0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				~		or		(Instr. 3 and 4)				
Common				Code V	Amount 5,325	(D)	Price	````				
Units	01/18/2019			А	(1)	А	\$0	41,531	D			
							Φ					
Common	01/18/2019			F	2,224	D	\$	39,307	D			
Units $(2)$							26.38					

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Thompson Karen M. 19003 IH-10 WEST			SVP				
SAN ANTONIO, TX 78257			& GC				

## Signatures

/s/ Michelle S. Miller, as Attorney-in-Fact for Karen M. Thompson

\*\*Signature of Reporting Person

01/23/2019 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) On January 18, 2019, the Compensation Committee of the Board of Directors of NuStar GP, LLC, the general partner of the Issuer's general partner, determined that the performance units available to vest with respect to 2018 performance vested at 100%.
- (2) Reflects common units not distributed to the reporting person in order to satisfy the reporting person's tax obligations on grants.

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.