### Edgar Filing: CARVER HOWARD L - Form 4

CARVER H Form 4	IOWARD L								
August 30, 2	2012								
									PPROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	nger 16. or Dns ttinue. Section 1	pursuant to a large of the	Section Public U	<b>SECUI</b> 16(a) of th Jtility Hol	RITIES ne Securi ding Cor	ties Excha	WNERSHIP OF nge Act of 1934, of 1935 or Sectio 940	Expires: Estimated burden hou response	urs per
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> CARVER HOWARD L			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 PARTY ETERANS HI			of Earliest T Day/Year) 2012	ransaction		X Director Officer (give below)		% Owner her (specify
	(Street)			endment, D onth/Day/Yea	-	ıl	6. Individual or J Applicable Line) _X_Form filed by Form filed by		erson
LEVITION	WN, PA 19056						Person		
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea		Date, if	Code	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
				Code V		(D) Price			
Reminder: Rep	port on a separate l	line for each c	lass 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration E (Month/Day	Date	7. Title and Underlying (Instr. 3 and	Securities
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Phantom Units	<u>(1)</u>	08/28/2012		А	246.3863	(2)	(3)	common units	246.3863 (4)

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
CARVER HOWARD L C/O STONEMOR PARTNERS L.P. 311 VETERANS HIGHWAY, SUITE B LEVITTOWN, PA 19056	Х			
Signatures				
/s/ Shirley Herman, Attorney-in-Fact	08/30/20	12		
<u>**</u> Signature of Reporting Person	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).

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

- Internal Revenue Code of 1986, as amended.
- (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 reporting person's deferred compensation account, including distribution equivalent
   (5) 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

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.