Fouch Robert J Form 4 February 12, 2019

FORM 4

Check this box

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB

Number:

3235-0287 January 31,

if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

Expires: 2005 Estimated average

burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Fouch Robert J

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

ALLIANCE RESOURCE PARTNERS LP [ARLP]

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction

10% Owner Director Other (specify X_ Officer (give title below)

1717 SOUTH BOULDER, SUITE

(Street)

(State)

02/08/2019

(Month/Day/Year)

VP, Controller and CAO

400

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

(Zip)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I Non Derivative Securities Acquired Disposed of an Deneficially Ov

TULSA, OK 74119

(City)

(- 3)	()	` 1' I abi	e I - Non-L	perivative s	Secur	ities Acqu	iirea, Disposea oi	, or Beneficiali	y Ownea
1.Title of	2. Transaction Date		3.	4. Securit		•	5. Amount of	6.	7. Nature of
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Code	on(A) or Dis (Instr. 3, 4		` ′	Securities Beneficially	Ownership Form: Direct	Indirect Beneficial
(msu. 3)		(Month/Day/Year)	(Instr. 8)		(A) or	,	Owned Following Reported Transaction(s) (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code V	Amount	(D)	Price	()		
Common unit	02/08/2019		M	11,390	A	<u>(2)</u>	53,742	D	
Common unit	02/08/2019		F	3,605	D	\$ 19.67 (3)	50,137	D	

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

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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. Transactio Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted units	(2)	02/08/2019		M	11,390	02/08/2019	<u>(1)</u>	Common units	11,390	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Fouch Robert J 1717 SOUTH BOULDER SUITE 400 TULSA, OK 74119

VP, Controller and CAO

Signatures

/s/ Robert J. Fouch by Kenneth Hemm, pursuant to power of attorney dated April 10, 2013.

02/12/2019

**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).
- (1) Not applicable
- On January 23, 2019, our Compensation Committee determined that the vesting requirements for the 2016 Long-Term Incentive Plan (2) grants had been satisfied. As a result restricted units were determined to be vested effective January 1, 2019 and subsequently issued on
- (2) grants had been satisfied. As a result restricted units were determined to be vested effective January 1, 2019 and subsequently issued or February 8, 2019 based upon an ARLP unit price of \$19.67.
- (3) Upon vesting, restricted units are withheld by the Partnership for the payment of tax liability at the vesting price of \$19.67.

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.

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