## Edgar Filing: NuStar GP Holdings, LLC - Form 4

NuStar GP H	loldings, LLC										
Form 4											
December 16											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number:	PROVAL 3235-0287		
Section 16. Form 4 or Form 5 obligations may continue Form 16. Filed pursuant to Section 17(a) of the Pu				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934, ublic Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940					Lanuary 31, 2005 Estimated average burden hours per response 0.5		
1(b).					•	•					
(Print or Type R	Responses)										
Barron Bradley C Sym			Symbol	2. Issuer Name <b>and</b> Ticker or Trading mbol uStar GP Holdings, LLC [NSH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/ 19003 IH-10 WEST 12/14/ (Street) 4. If Am			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>12/14/2014</li></ul>					X Director 10% Owner X Officer (give title Other (specify below) below) CEO & President			
				f Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN ANTO	DNIO, TX 78257							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Units (1)	12/14/2014			F	110	D	32.45 (2)	25,058	D		

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.

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

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

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)		4. Transactie Code	5. orNumber of	6. Date Exer Expiration D (Month/Day)	Date	7. Title and Amount of Underlying	Derivative	9. Nu Deriv Secu
(Instr. 3)	Price of Derivative		(Month/Day/Year)	(Instr. 8)	Derivative Securities			Securities	(Instr. 5)	Bene Owne
	Security				Acquired			(Instr. 3 and	14)	Follo
					(A) or Disposed					Repo Trans
					of (D)					(Instr
					(Instr. 3, 4, and 5)					
						Date Exercisable	Expiration Date	Amo or Title Num of		
				Code V	(A) (D)			Share	es	
<b>D</b>										

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Barron Bradley C 19003 IH-10 WEST SAN ANTONIO, TX 78257	Х		CEO & Presid	ent			
Signatures							
/s/ Michelle S. Miller, as Attorney-in-Fact for Bradley C. 12/16/20							

Barron

\*\*Signature of Reporting Person

## **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).

"Common Units" reported are units not distributed to reporting person in order to satisfy the reporting person's tax obligations on the

Date

(1) grant. The grant of phantom units (called "Restricted Units" under the plan under which the grant was made) was originally reported on December 15, 2009.

(2) The price reported was the closing unit price on December 12, 2014.

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.