## Edgar Filing: Truby Michael - Form 4

Truby Micha	el											
Form 4												
November 20	0, 2017											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										PPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi						Expires:	January 31,					
if no longer subject to STATEMENT OF CH				CHANGES IN BENEFICIAL OWN				NERSHIP OF	·	2005 ed average		
Section 1	6.	SECURITIES								burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	. 0.5		
obligation	• •							ge Act of 1934, of 1935 or Sectio				
may contr	inue.		) of the Inv	•	•	- ·			)11			
See Instru 1(b).	iction	50(II)	) of the m	vestment	compan	y 1101	. 01 17	-10				
1(0).												
(Print or Type R	Responses)											
1. Name and A		2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer						
Truby Micha	•					155001						
	NuStar GP Holdings, LLC [NSH]				H	(Check all applicable)						
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction									
19003 IH-10 WEST			(Month/Day/Year) 11/16/2017					Director 10% Owner X_ Officer (give title Other (specify				
19003 111-10	) WL31		11/10/20	)1 /				below)	below)			
									VP Operations			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Fi				Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
SAN ANTO	NIO, TX 78257								More than One R			
5/11/11/10	1110, 111 / 025 /							Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ities Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat	te 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)								Form: Direct	Indirect		
(Instr. 3)		any (Month	/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				•	(D) or Indirect (I)	Beneficial Ownership		
		(1)101111	, 2 uj, 1 cui)	(1110111-0)	(111547-0)	. und	,	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V		(D)	Price					
Common Units	11/16/2017			А	3,430 (1)	А	\$0	7,287	D			
Onits												

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)

## Edgar Filing: Truby Michael - Form 4

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. Transact Code (Instr. 8)	5. tionNumber of ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I B B B B B B B B B B B B B B B B B B B	Director	10% Owner	Officer	Other				
Truby Michael 19003 IH-10 WEST SAN ANTONIO, TX 78257	SVP Opera	itions						
Signatures								
/s/ Michelle S. Miller, as Attor Truby	11/20/2017							

\*\*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).
- (1) Award of restricted phantom units. The restricted phantom units vest annually in equal increments over a five-year period beginning on November 16, 2018.

Date

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.