Shea-Ballay Kathleen Form 4 February 25, 2013

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** OMB 3235-0287 Number:

Washington, D.C. 20549

January 31, Expires: 2005

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

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).

Common

Common

Units

Units

02/21/2013

02/21/2013

(Print or Type Responses)

1. Name and Address of Reporting Person * Shea-Ballay Kathleen			2. Issuer Name <b>and</b> Ticker or Trading Symbol SUNOCO LOGISTICS PARTNERS L.P. [SXL]			5. Relationship of Reporting Person(s) to Issuer			
						(Check all applicable)			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction (Month/Day/Year)			Director _X_ Officer (give		Owner er (specify	
1818 MARKET STREET, SUITE 1500			02/21/2013			below) below) Sr. VP, General Counsel & Secy			
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)			Applicable Line)			
						_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
PHILADELPHIA, PA 19103-3615						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Perivative Securities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deei	med	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Executio	on Date, if	Transactio	on(A) or Disposed of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial	
	(Month/I		Day/Year) (Instr. 8)			Owned	(D) or	Ownership	
						Following	Indirect (I)	(Instr. 4)	
					(A)	Reported	(Instr. 4)		
					or	Transaction(s)			
					OI	(Instr 3 and 4)			

Code V Amount

8,613

2,969

 $M_{\underline{-}1}^{(1)}$ 

F

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

D

D

8,613

5,644

Price

\$0

(D)

D

#### Edgar Filing: Shea-Ballay Kathleen - Form 4

# 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. Transactic Code (Instr. 8)	5. Number proof 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. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Units	(2)	02/21/2013		M <u>(1)</u>	8,613	<u>(3)</u>	<u>(3)</u>	Common Units	8,613	9

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
. 9	Director	10% Owner	Officer	Other		
Shea-Ballay Kathleen			Sr. VP,			
1818 MARKET STREET			General			
SUITE 1500			Counsel &			
PHILADELPHIA, PA 19103-3615			Secy			

# **Signatures**

John J. DiRocco, attorney-in-fact for Ms. Shea-Ballay

Shea-Ballay 02/25/2013

\*\*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) Settlement of transaction exempt under Rule 16b-3 of restricted units granted in July 2010 under the Sunoco Partners LLC Long-Term Incentive Plan ("LTIP").
- (2) The conversion rate is 1 for 1.
- (3) Not applicable.

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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