Edgar Filing: TransMontaigne Partners L.P. - Form 4

TransMontaigne Partners L.P. Form 4 November 08, 2007

November (8,2007								
FORM	14								PPROVAL
-	UNITED		RITIES A ashington			NGE	COMMISSION	N OMB Number:	3235-0287
Check th if no lon subject t Section Form 4 o Form 5 obligation may con	ger o 16. or Filed pur ons tinue.	suant to Section	SECUI 16(a) of th Utility Hol	RITIES ne Securi lding Cor	ties H npan	Exchai iy Act	WNERSHIP OF nge Act of 1934, of 1935 or Sectio	Estimated burden hou response	urs per
<i>See</i> Instr 1(b).	ruction	50(ii) of the	investmen	t Compa	1 y 7 10		510		
(Print or Type	Responses)								
1. Name and A Pound Greg	Address of Reporting gory J	Symbo	ier Name an I Montaigne			-	5. Relationship of Reporting Person(s) to Issuer[(Check all applicable)		
(Last)	(First) (1	Middle) 3. Date	of Earliest T	ransaction			(Cne	еск ан аррисаы	e)
1670 BRO	ADWAY, SUITE		/Day/Year) /2007				Director X Officer (giv below) Execu		6 Owner er (specify lent
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DENVER,	CO 80217-5660							More than One R	
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative	Secu	rities A	cquired, Disposed o	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) o of (D 4 and (A) or)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Re	oort on a separate line	e for each class of se	curities bene	ficially ow	ned di	irectly o	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date	Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

8. De Se

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(Instr. 3)	Price of Derivative Security	(Month/Da	y/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(In	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Units	<u>(1)</u>	11/06/2007		А		68.75		(2)	<u>(2)</u>	Common Unit representing limited partner interest	68.75	

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Pound Gregory J 1670 BROADWAY SUITE 3100 DENVER, CO 80217-5660			Executive Vice President						
Signatures									
Gregory J. 11	/08/2007								

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Phantom units will vest 50% on January 1, 2009 and 50% on January 1, 2010, but are subject to earlier vesting upon achieving certain age or service thresholds as defined in the Savings and Retention Plan (the "Plan") adopted and administered by TransMontaigne Inc. Upon vesting, phantom units may be paid out, in the sole discretion of the Plan administrator, in cash or in common units of TLP, or a

- combination thereof, in an amount equal to the value of the vested portion of reporting person's account.
- (1) Each phantom unit represents the right to receive one common unit of TLP, or the cash value thereof.

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.

Pound

**Signature of

Reporting Person