Calumet Specialty Products Partners, L.P.

Form 5

February 23, 2007

FORM	15								OMB AP	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							MMISSION	OMB Number:	3235-0362			
Check this box if was no longer subject				shington, D.C. 20549					Expires:	January 31,		
to Section Form 4 of 5 obligation may cont See Instruction 1(b).	n 16. r Form ons inue. action Filed pur foldings Section 17(	rsuant to Se (a) of the Pu	WNEF ection 1 ablic U	RSHIP OF 6(a) of the	SECUR Securitieng Comp	es Excoany	CS change A Act of 19	ct of 1934,	Estimated a burden hour response			
Carter James S Symbol			Is et Specialty Products Partners,				Relationship of Reporting Person(s) to suer (Check all applicable)					
(Montl			Month/D	Ionth/Day/Year)				X Director 10% Owner Officer (give title Other (specify below)				
	2780 WATERFRONT PKWY E. DRIVE, SUITE 200											
			mendment, Date Original 6. I Ionth/Day/Year)				Individual or Joint/Group Reporting  (check applicable line)					
INDIANAI	POLIS, IN 462	214					_	_ Form Filed by O Form Filed by Me son				
(City)	(State)	(Zip)	Tabl	e I - Non-Dei	rivative Se	ecuriti	es Acquire	ed, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ate, if	3. Transaction Code (Instr. 8)	4. Securit or Dispos (Instr. 3,	sed of		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Units	11/16/2006	Â		P5	67.08	A	\$ 32.7977	4,067.08	D	Â		
	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.  SEC 2270  (9-02)											

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or Number		
						Exercisable	sable Date	of			
					(A) (D)				Shares		
					(A) $(D)$				Shares		

of D

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## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Carter James S 2780 WATERFRONT PKWY E. DRIVE SUITE 200 INDIANAPOLIS, IN 46214	ÂX	Â	Â	Â		

## **Signatures**

/s/ R. Patrick Murray, II, as attorney-in-fact

\*\*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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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