HollyFrontier Corp Form 4 January 27, 2012

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

Number: 3235-0287

Expires: January 31, 2005

0.5

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue.

See Instruction

Filed problem 17

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

Common

Stock

Stock

Stock

01/25/2012

01/25/2012

(Print or Type Responses)

1. Name and Address of Reporting Person * LAMP DAVID L			2. Issuer Name <b>and</b> Ticker or Trading Symbol HollyFrontier Corp [HFC]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earliest Ti	ransaction	(Check an applicable)			,	
2828 N. HA	ARWOOD, STE	1300	(Month/D 01/25/2	•		Direct _X Office below)	er (give	title 10% below) VP & COO	Owner or (specify	
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
DALLAS, TX 75201			Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative Securities Acq	quired, Dispo	osed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Day/Yea	Execution any	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amoun Securities Beneficial Owned Following	lly	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

Code V

Α

F

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

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Reported

230,834

208,414

23.5

Transaction(s) (Instr. 3 and 4)

(A)

(D)

A

D

Price

\$0

29.35

Amount

68,021

22,420

(1)

(2)

(Instr. 4)

D

D

Ι

by 401(k)

Plan

### Edgar Filing: HollyFrontier Corp - Form 4

#### 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.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	;		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m: .1	or		
						Exercisable	Date	Title	Number		
				~					of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
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Director 10% Owner Officer Other

LAMP DAVID L

2828 N. HARWOOD, STE 1300 EVP & COO

DALLAS, TX 75201

# **Signatures**

Walter W. Zimmerman, attorney o1/27/2012 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).
- (1) These shares were deemed issued to the reporting person to settle performance share units that were not derivative securities under the Company's Long-Term Incentive Compensation Plan.
- (2) These shares were deemed surrendered to satisfy the reporting person's tax liability incident to the issuance of the shares reported on the preceding line.

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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