

Calumet Specialty Products Partners, L.P.
 Form 3
 January 09, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person * Griffin David West (Last) (First) (Middle) 1021 MAIN (ONE CITY CENTRE), SUITE 2626 (Street) HOUSTON, TX 77002 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/05/2017	3. Issuer Name and Ticker or Trading Symbol Calumet Specialty Products Partners, L.P. [CLMT]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) EVP and CFO	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
--	--	---	---	--	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title Amount or Number of Shares	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	--	---	--	--	--

(Instr. 5)

Phantom Units	Â (1)	12/31/2020	Common Units	250,000 (1)	\$ (2)	D	Â
---------------	-------	------------	-----------------	----------------	--------	---	---

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Griffin David West 1021 MAIN (ONE CITY CENTRE) SUITE 2626 HOUSTON, TX 77002	Â	Â	Â EVP and CFO	Â

Signatures

R. Patrick Murray, as attorney-in-fact	01/09/2017
---	------------

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

62,500 Phantom Units will vest at such time that Calumet Specialty Products Partners, L.P. (the "Partnership") commences distributions to unitholders. An additional 62,500 Phantom Units will vest at such time, if at all, that the average daily closing price of the Partnership's

(1) Common Units on the NASDAQ Stock Market LLC ("NASDAQ") during any 120 consecutive calendar day period averages \$8 per Common Unit. An additional 125,000 Phantom Units will vest at such time, if at all, that the average daily closing price of the Partnership's Common Units on the NASDAQ during any 120 consecutive calendar day period averages \$16 per Common Unit.

(2) Each Phantom Unit is the economic equivalent of a Calumet Specialty Products Partners, L.P. Common Unit.

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.