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MILLER LAV Form 4												
December 11,										OMB	APPROVAL	
FURIM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION		3235-0287	
Check this if no longer subject to	STAT	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES										
Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed _I Section 1	Section 16(Public Util of the Inve	a) of the ity Holdi	burden ho response n	•							
(Print or Type Re	sponses)											
1. Name and Address of Reporting Person <u>*</u> MILLER LAWRENCE				2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
				STONEMOR PARTNERS LP [STON]					(Check all applicable)			
(3. Date of Earliest Transaction (Month/Day/Year) 12/07/2007					X Director 10% Owner X Officer (give title Other (specify below) President and CEO			
	(Street) 4. If Ameno Filed(Month				ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
BRISTOL, PA									Person	nore man one	Reporting	
(City)	(State)	(Ziŗ	p)	Table l	I - Non-De	rivative Se	curiti	es Acq	uired, Disposed o	f, or Benefici	ially Owned	
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, any (Month/Day/Ye			Code (D)				Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Units					cour ,		(2)					
representing limited partner interests	12/07/2007				J <u>(1)</u>	10,735	A	\$0	10,735	D		
Common Units representing limited partner	12/07/2007				J <u>(1)</u>	1,894	A	\$ 0	12,629	I	By LDLM Associates, LP (3)	

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interests								
Common Units representing limited partner interests	12/07/2007	J <u>(2)</u>	14,301	A	\$ 0	26,930	I	By LDLM Associates, LP (3)

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.

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)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MILLER LAWRENCE C/O STONEMOR PARTNERS, L.P. 155 RITTENHOUSE CIRCLE BRISTOL, PA 19007	Х		President and CEO				
Signatures							
/s/ Shirley Herman, Attorney-in-Fact	12/11	/2007					
**Signature of Reporting Person	Da	te					

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) Pro rata distribution from CFSI LLC, of which each of the reporting person and LDLM Associates, LP is a member.
- (2) Pro rata distribution from Cornerstone Family Services LLC, of which LDLM Associates, LP is a member.
- (3) The reporting person is a grantor and trustee of Miller Revocable Trust, which is the general partner of LDLM Associates, LP. The reporting person is also a limited partner of LDLM Associates, LP, holding 98% of its limited partner interests.

Remarks:

The filing of this statement shall not be construed as an admission (a) that the person filing this statement is, for the purposes of

Exhibit Index:

Exhibit 24.1 Power of Attorney

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.