Edgar Filing: CARVER HOWARD L - Form 4

CARVER HOW Form 4 May 17, 2010	ARD L											
FORM 4	UNITED	STATES		RITIES A			NGE	COMMISSION		PPROVAL 3235-0287		
Check this boz if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEM Filed pur Section 17(rsuant to S (a) of the I	F CHAN Section	NGES IN SECUI	BENEF RITIES ne Securi Iding Con	T ICIA ties E mpany	Exchar y Act	WNERSHIP OF nge Act of 1934, of 1935 or Sectio 940	Expires: Estimated burden hou response	urs per		
(Print or Type Respo	onses)											
1. Name and Address of Reporting Person <u>*</u> CARVER HOWARD L			2. Issuer Name and Ticker or Trading Symbol STONEMOR PARTNERS LP [STON]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O STONEMO L.P., 311 VETE SUITE B	OR PARTNE			of Earliest T Day/Year) 2010	ransaction			X Director Officer (give below)		% Owner her (specify		
				endment, D onth/Day/Yea	-	al		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
	(State)	(Zip)	Tak	la I. Nan I	Domination	Same	itian A	Person	f or Donoficio	lly Owned		
1.Title of 2. Tr	Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)		3.	4. Securit onAcquired Disposed (Instr. 3,	ties (A) or of (D) 4 and 5 (A) or	•	SecuritiesHBeneficially(Owned(7. Nature of Indirect			
Reminder: Report of	n a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned di	rectly c	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)

Edgar Filing: CARVER HOWARD L - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	 5. Number of actiorDerivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Distribution Equivalent Rights	<u>(1)</u>	05/14/2010		А		222.5331		(2)	(3)	common units	222.53

Reporting Owners

Reporting Owner Name / Address				
FB	Director	10% Owner	Officer	Other
CARVER HOWARD L C/O STONEMOR PARTNERS L.P. 311 VETERANS HIGHWAY, SUITE B LEVITTOWN, PA 19056	X			
Signatures				
/s/ Shirley Herman, Attorney-in-Fact	05/17/20	10		
**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).

equivalent right is the economic equivalent of one common unit representing limited partner interests.

The distribution equivalent rights accrue on restricted phantom units representing limited partner interests and become payable, in cash or common units, at the election of the issuer, upon the separation of the reporting person from service as a director or upon the occurrence of certain other events specified in Section 409A of the Internal Revenue Code of 1986, as amended. Each distribution

- (2) See Footnote 1.
- (3) See Footnote 1.

Represents restricted phantom units allocated to the reporting person's deferred compensation account, including distribution equivalent
 rights credited to such person's deferred compensation account in the form of phantom units and accrued on all phantom units allocated or credited to such account.

Remarks:

(1)

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

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.