### Edgar Filing: CARVER HOWARD L - Form 4

CARVER H	IOWARD L							
Form 4								
February 19	, 2013							
FORM	ЛД						PPROVAL	
	UNITED	STATES SE	CURITIES AND Washington, D.C		E COMMISSION	OMB Number:	3235-0287	
Check th			0 /			Expires:	January 31,	
if no lon subject t Section Form 4 o	16.	MENT OF CI	HANGES IN BEN SECURITII		WNERSHIP OF	Estimated burden hor response.	urs per	
Form 5 obligation may con <i>See</i> Instruction 1(b).	tinue. Section 17	(a) of the Publ	ion 16(a) of the Sec ic Utility Holding the Investment Com	Company Ac	t of 1935 or Section	on		
(Print or Type	Responses)							
1. Name and Address of Reporting Person <u>*</u> CARVER HOWARD L			Issuer Name <b>and</b> Ticko nbol ONEMOR PARTN	5. Relationship of Reporting Person(s) to Issuer				
		[ST	[ON]		(Che	ck all applicabl		
	(First) EMOR PARTNI ETERANS HIG	(Mo ERS 02/	Date of Earliest Transac onth/Day/Year) 14/2013	tion	X Director Officer (give below)			
			f Amendment, Date Ori d(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
LEVITTO	WN, PA 19056				Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Table I - Non-Deriva	tive Securities	Acquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		, if TransactionAcqu Code Dispo	(A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ily Owned 7. Nature of Indirect	
			Code V Amo	unt (D) Price				
Reminder: Rep	port on a separate lin	e for each class o	f 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)

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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. Transa Code (Instr.		5. Number of orDerivative Securities 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	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Distribution Equivalent Rights	<u>(1)</u>	02/14/2013		А		297.2838		(2)	(3)	common units	297.28

## **Reporting Owners**

Reporting Owner Name / Address				
	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	02/19/20	13		
**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.