FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB N	Number:	3235-028							

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

027							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* <u>Anderson Steven R.</u>				2. Issuer Name and Ticker or Trading Symbol SUNOCO LOGISTICS PARTNERS L.P. [SXL]								ck all applic Directo	able) r	ng Person(s) to Issi 10% Ov		ner		
(Last) (First) (Middle) 1902 EAST 30TH PLACE			3. Date of Earliest Transaction (Month/Day/Year) 01/03/2017								Officer below)	(give title		Other (s	pecify			
(Street) TULSA OK 74114 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year) 01/04/2017						6. Inc Line)	Form fi	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)			(Zip) ole I - Non-	-Deriva	tive :	Securitie	s Acc	quired, E	Disp	osed o	f, or Be	enefi	 cially	/ Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		3. 4. Securities Ad Disposed Of (D Code (Instr. 5)				es Acquired (A) or Of (D) (Instr. 3, 4 ar		5. Amour Securitie Beneficia Owned F	es I ally following (Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
		-	Table II - D			ecurities alls, war								Owned				
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/Ye	′ Co	e, Transaction Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ly Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	de V	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nui of	ount nber ares		Transaction(s (Instr. 4)			
Restricted Units	(1)	01/03/2017		A	A	4,170 ⁽²		(3)		(3)	Common Units	4,	170	\$0.00	14,794	1	D	

Explanation of Responses:

- 1. Each Restricted Unit represents a contingent right to receive one Common Unit of SXL.
- 2. This Form 4/A is being filed to correct the number of Restricted Units previously reported that were granted pursuant to the Sunoco Partners LLC ("Company") Amended and Restated Long-Term Incentive Plan ("LTIP") in a transaction exempt under Rule 16b-3. These restricted units vests ratably in increments of sixty percent after three years and the additional forty percent after five years. Incremental settlement is contingent only upon the individual continuing as a Director of the Company through the end of each vesting cycle.
- 3. The Restricted Units will vest 60% on December 31, 2019 and 40% on December 31, 2021 contingent upon the individual continuing as a Director of the Company through the end of each vesting cycle.

Remarks:

Kathleen Shea-Ballay, Attorney-in-fact for Mr.

01/11/2017

Anderson

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.