FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	OVAL
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_	Check this box if no longer subject to Section 16. Form 4 or Form 5								
J	obligations may continue. See								

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

Name and Address of Reporting Person* Slough Michael W			<u>S</u>	2. Issuer Name and Ticker or Trading Symbol SUNOCO LOGISTICS PARTNERS L.P. [SXL]							(Ched	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify				
(Last) (First) (Middle) 525 FRITZTOWN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 12/04/2015								below)		below)	Бреспу
(Street) SINKING SPRING	_ p	A	19608		4. If Amendment, Date of Original Filed (Month/Day/Year) 12/08/2015						6. Ind Line)	′				
(City)	(S	tate)	(Zip)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date		Transacti ate onth/Day	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)			5. Amount Securities Beneficial Owned Fo Reported	Form (D) or	Ownership rm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
					Code V		Amount	(A) or (D)	Price	Transactio (Instr. 3 an			(Instr. 4)			
	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)	3A. Deemed Execution Date, if any (Month/Day/Year	Code (ansaction Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4)			es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	f 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		Reported Transaction (Instr. 4)	(s)	
Restricted Units	(1)	12/04/2015		A		14,010 ⁽²⁾		(3)		(3)	Common Units	14,010	\$0.00	44,999 ⁽⁴⁾	D	
Restricted Units	(1)	12/05/2015		М			3,586	(5)		(5)	Common Units	3,586	\$0.00	41,413 ⁽⁴⁾	D	

Explanation of Responses:

- 1. Each Restricted Unit represents a contingent right to receive one Common Unit of SXL.
- 2. This is a grant of Restricted Units awarded pursuant to the Sunoco Partners LLC ("Company") Long-Term Incentive Plan ("LTIP") in a transaction exempt under Rule 16b-3. The LTIP Restricted Units vest 60% on the December 5th following the third anniversary of the grant date and 40% on the December 5th following the fifth anniversary of the grant date, contingent only upon the continued employment of the reporting person with the Company at the time of vesting.
- 3. The LTIP Restricted Units vest 60% on the December 5th following the third anniversary of the grant date and 40% on the December 5th following the fifth anniversary of the grant date, contingent only upon the continued employment of the reporting person with the Company at the time of vesting.
- 4. The reporting person is amending the Form 4 originally filed on 12/08/2015 to correct the number of derivative securities beneficially owned following the reported transaction that was previously reported incorrectly.
- 5. Not applicable

Remarks:

<u>Kathleen Shea-Ballay, Attorney-in-fact for Mr. Slough</u>

Date

** Signature of Reporting Person

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.