FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL
- 1	

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* Angelle Scott A					2. Issuer Name and Ticker or Trading Symbol SUNOCO LOGISTICS PARTNERS L.P. [Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 4349 MAIN HIGHWAY					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015								-	Officer below)	(give title		Other (s) below)	pecify
BRIDGE		70517 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) Continue														
	`		le I - Non	-Deriva	tive	Secur	rities	Acc	uired,	Dis	oosed of	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Exec r) if any	A. Deemed execution Date, f any Month/Day/Year		Transaction Disposed Code (Instr. 5)			ties Acquired (A) or I Of (D) (Instr. 3, 4 an		5. Amour Securitie Beneficia Owned F	s ally ollowing	Form:	Direct II Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			nstr. 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	e (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/)	Code (Insti		ion De str. Se Ac or of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	de V	/ (A)	a)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Restricted Units	(1)	01/02/2015		A	A	2,3	336 ⁽²⁾		(3)		(3)	Common Units	2,336	\$0	13,302 ⁰	(4)	D	

Explanation of Responses:

- $1.\ Each\ Restricted\ Unit\ represents\ a\ contingent\ right\ to\ receive\ one\ Common\ Unit\ of\ Sunoco\ Logistics\ Partners\ L.P.\ (SXL).$
- 2. This Form 4 is being filed to report a grant of restricted units pursuant to the Sunoco Partners LLC ("Company") Amended and Restated Long-Term Incentive Plan in a transaction exempt under Rule 16b-3. These restricted units vest 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 incrementally over five years contingent only upon the individual continuing as a Director of the Company through the end of each vesting cycle.
- 4. On June 12, 2014, the Common Units of SXL split 2-for-1 resulting in the reporting person's ownership of 5,483 additional Restricted Units.

Peggy J. Harrison, Attorney-in-01/06/2015 fact for Mr. Angelle

** 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.