

OCI RESOURCES LP

Reported by O'NEILL WILLIAM P. JR.

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/01/14 for the Period Ending 04/01/14

Address FIVE CONCOURSE PARKWAY

SUITE 2500

ATLANTA, GA 30328

Telephone 770-375-2300

CIK 0001575051

Symbol OCIR

SIC Code 1400 - Mining & Quarrying of Nonmetallic Minerals (No Fuels)

Fiscal Year 12/31





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

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

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 Ado	dress of R	eporti	ng Person *	2	2. Issu	ier Name	e and Ti	ck	er or Tr	adi	ng	Syn	nbol 5. Relation (Check all			Person(s)	to Issuer		
O'Neill Willia	am P. Jr				OCI	Resou	rces Ll	P	[OCI	R]]								
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								11) — —	X Director 10% O					
							4/1	12	01.4				below)	r (give title l	pelow) _	Other	(specify		
C/O OCI RE							4/1/	<i>' L</i>	014										
CONCOURS 2500	SE PARI	KWA	AY, SUIT	Œ															
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)									6. Individual or Joint/Group Filing (Check Applicable Line)					
ATLANTA, (GA 3032	28											W F	1 11 0	n : n				
(City) (State) (Zip)													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	ole I - Non-	_				ui	· ·	_			, or Beneficially				r		
,			2. T Date	rans. e	2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)		4. Securi Acquired Disposed (Instr. 3,	(A) or Follof (D) (In			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: I Direct (D)	Beneficial Ownership			
						any	Code	v	Amount	(A) or (D)		rice				or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Units representing limited partner interests 4/				4/1	/2014	A		3488 (1)	A	\$0	.00	5	5988						
Tal	ble II - De	rivati	ive Securiti	ies B	enefi	cially O	wned (e	.g	. , puts,	cal	lls,	, wa	rrants, options	, convert	ible secur	ities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Trans.	Execution Co	ans. ode astr. 8)	5. Number of Derivative Securities () Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)			Jnderlying Security	ing Derivative		Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Co	ode V	(A)	(D)	Date Exercisable I		Expiratior Date			Amou Share	unt or Number of		Transaction (s) (Instr. 4)	4)			

Explanation of Responses:

(1) Represents common units issued under the OCI Resource Partners LLC 2013 Long-Term Incentive Plan as non-employee director compensation. The number of common units issued was based on the closing price (\$21.69) of the common units on March 31, 2014, the date prior to the grant date.

Reporting Owners

Reporting Owners	Relationships							
Reporting Owner Name / Address								
reporting 6 wher realite / realities	Director	10% (Owner	Officer	Other			
O'Neill William P. Jr. C/O OCI RESOURCES LP FIVE CONCOURSE PARKWAY, SUITE 2500	X							
ATLANTA, GA 30328								

Signatures

/s/ Nicole C. Daniel, as attorney-in-fact

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 control number.

^{**} Signature of Reporting Person