

OCI RESOURCES LP

Reported by **MILLING KIRK H.**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/02/14 for the Period Ending 07/01/14

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

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

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	and Ti	ck	er or Tr	adi	ng	Symbol	5. Relation (Check all			Person(s)	to Issuer
Milling Kirk	Н.				OCI	Resou	rces Ll	P	OCI	R]							
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)									ctor cer (give title	e below)		Owner r (specify
C/O OCI RESOURCES LP, FIVE				;	7/1/2014								below) Chief Executive Officer				
CONCOURS 2500	E PARI	KWA	AY, SUIT	E													
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
ATLANTA, (GA 3032	28											X Form f	iled by One	Reporting Pe	rson	
(City)	(State)		(Zip)										X _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person				
		Tab	ole I - Non-	Deri	ivativ	e Securi	ties Acq	ui	red, Di	spo	se	d of, or	Beneficially	y Owned			
1			2. T Dat	rans. e	2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)		4. Securi Acquired Disposed (Instr. 3,	(A) or Follow (Instr.		Follow (Instr.	ount of Securities Beneficially Owned ving Reported Transaction(s) 3 and 4)			Ownership Form: Direct (D)	Beneficial Ownership	
						any	Code	v	Amount	(A) or (D)	Pı	rice				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Units representing limited partner interests 7/1				7/1	/2014	A		9118 (1)	A	\$	60	9118			D		
Tal	ole II - De	rivati	ive Securiti	ies B	enefi	cially O	wned (e	.g.	. , puts,	cal	lls	, warrai	nts, 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 ostr. 8)	Derivative Securities		6. Date Exercisable and Expiration Date			Sec De	cur riv	le and Amo rities Under rative Secur . 3 and 4)	lying	ng 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 Exercisab	- 1	Expiratior Date	Tit	le	Amount or Shares	Number of Transaction (s) (Instr. 4)		(4)		

Explanation of Responses:

(1) Restricted common units awarded pursuant to the OCI Resource Partners LLC 2013 Long Term Incentive Plan. Such restricted common units vest in substantially equal one-third increments on each of September 13, 2014, September 13, 2015 and September 13, 2016, subject to accelerated vesting in certain circumstances.

Reporting Owners

Paparting Owner Name / Address		Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Milling Kirk H. C/O OCI RESOURCES LP FIVE CONCOURSE PARKWAY, SUITE 2500	X		Chief Executive Officer							
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