

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>CST Brands, Inc.</u> <hr/> (Last) (First) (Middle) ONE VALERO WAY, BLDG D, SUITE 200 <hr/> (Street) SAN ANTONIO TX 78249 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2015	3. Issuer Name and Ticker or Trading Symbol <u>CrossAmerica Partners LP [CAPL]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 07/01/2015
6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Units	5,139,252	I	See Footnote ⁽¹⁾⁽²⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
CST Brands, Inc.

 (Last) (First) (Middle)
 ONE VALERO WAY, BLDG D, SUITE 200

 (Street)
 SAN ANTONIO TX 78249

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
CST USA INC.

 (Last) (First) (Middle)
 ONE VALERO WAY
 BUILDING D, SUITE 200

 (Street)
 SAN ANTONIO TX 78249

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
CST Services LLC

 (Last) (First) (Middle)
 ONE VALERO WAY
 BUILDING D, SUITE 200

 (Street)
 SAN ANTONIO TX 78249

 (City) (State) (Zip)

(City)

(State)

(Zip)

Explanation of Responses:

1. The reported Common Units are owned as follows: (a) 4,801,154 Common Units owned by CST Services LLC ("CST Services"), a direct wholly owned subsidiary of CST USA Inc. ("CST USA"), which is a direct wholly owned subsidiary of CST Brands, Inc. ("CST"), (b) 322,145 Common Units owned by Big Diamond, LLC, an indirect wholly owned subsidiary of CST Services, (c) 15,873 Common Units owned by Skipper Beverage Company, LLC, an indirect wholly owned subsidiary of CST Services, (d) 40 Common Units owned by CST Shamrock Stations, Inc., a direct wholly owned subsidiary of CST Services, and (e) 40 Common Units owned by CST Arizona Stations, Inc., a direct wholly owned subsidiary of CST Services. CST and CST USA are indirect beneficial owners of the reported Common Units. In addition, pursuant to a voting agreement, CST has the right to direct the vote, under certain circumstances, of 582,321 Common Units and 6,786,499 Subordinated Units held by Joseph V. Topper Jr. and certain of his affiliates.

2. This Form 3/A is being filed to add CST Services LLC and CST USA Inc. as reporting owners of the reported Common Units (upon availability of EDGAR codes).

Remarks:

/s/ Gerard J. Sonnier, Senior
Vice President, General
Counsel and Corporate
Secretary

07/13/2015

** 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 5 (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.