SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

											Company Act								
1. Name and Address of Reporting Person* CIRCLE K STORES INC					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CrossAmerica Partners LP</u> [ CAPL ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					Dwner		
(Last) (First) (Middle) 1130 WEST WARNER ROAD BUILDING B				11	3. Date of Earliest Transaction (Month/Day/Year)     Officer (give title below)     Other (specify below)       11/10/2017     4. If American Elical (Month/Day/Year)     0. Italia idual to bis/(One Elical (Check American))										)				
(Street) TEMPE AZ 85284				-	<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person</li> <li>X</li> <li>Form filed by More than One Reporting Person</li> </ul>									son					
(City)	(Si		Zip)								ionooda		Donofi		0				
Table I - Non-Derivation         1. Title of Security (Instr. 3)       2. Transaction Date (Month/Day/Year)			2/ Ex ar) if	2A. Deemed Execution Date,			saction e (Instr.	4. 0f	4. Securities Acquired (A) or Disp			posed 5. Am Secur Benef		ount of ties cially I Following	Form: Direct		7. Nature of Indirect Beneficial Ownership		
								Cod	e V	An	nount	(A) or (D) Price		Transa		ction(s) 3 and 4)			(Instr. 4)
Common	Units			11/10/2017	7			J <sup>(1)(2</sup>	2)	12	2 <b>6,49</b> 1 <sup>(2)(3)</sup>	Α	\$26.08	389 <sup>(4)</sup> 7,070,010					See Footnote <sup>(5)</sup>
	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)	Ex if a	. Deemed ecution Date, ıny onth/Day/Year)	4. Trans Code 8)		5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative ities red sed 3, 4	6. Date Expira (Month	tion [		nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y D ([	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares						
		Reporting Person <sup>*</sup>									*					,		*	* *
(Last) 1130 WE BUILDIN	ST WARN	(First) ER ROAD		(Middle)															
(Street) TEMPE		AZ		85284															
(City)		(State)		(Zip)															
	nd Address of RANDS,	Reporting Person <sup>*</sup>																	
(Last) 19500 BU	ULVERDE	(First) ROAD		(Middle)															
(Street) SAN AN	TONIO	ТХ		78259		_													

(City) (State) 1. Name and Address of Reporting Person\*

(Zip)

(Middle)

**CST Services LLC** 

(Last)

(First) ONE VALERO WAY

19500 BULVERDE ROAD								
(Street) SAN ANTONIO	тх	78259						
	(0+-+-)	(7:-)						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person <sup>*</sup> CST USA INC.								
,								
(Last)	(First)	(Middle)						
19500 BULVERDE ROAD								
(Street)								
SAN ANTONIO	ТХ	78259						
(City)	(State)	(Zip)						
Explanation of Responses:								

## Explanation of Responses:

1. Circle K Stores Inc. indirectly owns 100% of CST Brands, LLC, the owner of CST USA Inc., which is the parent of CST Services LLC. As a result, Circle K Stores Inc. is deemed the beneficial owner of the CAPL common units owned by CST Services LLC

2. Pursuant to that certain Amended and Restated Omnibus Agreement (the "Omnibus Agreement") by and among CrossAmerica Partners LP, a Delaware limited partnership (the "Partnership"), CrossAmerica GP LLC, a Delaware limited liability company and general partner of the Partnership (the "General Partner"), Lehigh Gas Corporation, a Delaware corporation, CST Services LLC, a Delaware limited liability company ("CST Services"), and Joseph V. Topper, Jr., the Partnership is required to pay to CST Services a management fee for providing services to the Partnership (the "Management Fee").

3. The board of directors of the General Partner, based on the approval and recommendation of the independent conflicts committee of the General Partner, determined it is in the best interests of the Partnership to pay the Management Fee to CST Services in whole or in part in newly issued common units representing limited partner interests in the Partnership ("Common Units") in lieu of cash.

4. Pursuant to the Omnibus Agreement, the price of the acquired Common units was determined using a 20-day trailing volume weighted average price ending on the business day prior to the quarterly invoice date of October 30, 2017.

5. CST and CST USA are indirect beneficial owners of the Common Units held by CST Services.

## Remarks:

/s/ Giovanna Rueda, Authorized Representative of 03/05/2018 Circle K Stores Inc. /s/ Giovanna Rueda, Corporate 03/05/2018 Secretary CST Brands, LLC <u>/s/ Giovanna Rueda, Corporate</u> 03/05/2018 Secretary of CST USA Inc. /s/ Giovanna Rueda, Corporate Secrettary of CST Services 03/05/2018 LLC 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.