(Street)

(City)

(Last)

SAN ANTONIO

CST Services LLC

TX

1. Name and Address of Reporting Person^*

(State)

(First)

78249

(Zip)

(Middle)

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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

🔲 obligati	i 16. Form 4 or ons may contin ion 1(b).			File							urities Exchan		f 1934			II.		response:	0.5
	d Address of	Reporting Person*			2	2. Issu	uer Nai	me and	Ficker o	Tradir	ng Symbol				lationshi ck all app Direc	olicable)	ting P	erson(s) to	Issuer Owner
(Last)	(Fii LERO WAY	rst) (Y, BLDG D, SUI	Middle)				te of Ea		ansactio	n (Mor	th/Day/Year)				Office below	er (give titl w)	е	Othe belo	er (specify w)
Street) SAN AN	TONIO TX	ζ 7	78249		4	I. If A	mendn	nent, Da	e of Ori	ginal F	led (Month/Da	ay/Year)		6. Ind Line)	Form	n filed by C	ne Re	ing (Check eporting Penan One Re	
(City)	(St	ate) (Zip)												Peis				
. Title of S	Security (Inst		le I - N	2. Transact Date (Month/Day	ion	2 E	2A. Dee		3. Trans	action (Instr.	4. Securities Disposed Of	Acquired	d (A) or		5. Amor Securiti Benefic	unt of ies	For	wnership m: Direct or Indirect	7. Nature of Indirect Beneficial
						´ (r	Month/	Day/Year	(8) Code	v	Amount	(A) or (D)	Price		Owned Reporte Transac (Instr. 3	ction(s)	(1) (1	nstr. 4)	Ownership (Instr. 4)
Common	Units			10/07/2	015				P ⁽¹⁾		10,000	A	\$25.8	8851	5,52	27,682		I	See Footnote
Common	Units			10/08/2	015				P ⁽¹⁾		10,000	A	\$26.2	2222	5,53	37,682		I	See Footnote
		Та	able II								posed of, convertib				wned				
Title of Derivative Security Instr. 3)	ative Conversion Date rity or Exercise (Month/Day/Year)		Execut if any	kecution Date, Tany		4. Transaction Code (Instr. 8)				ate Exe ration nth/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficia Ownershi (Instr. 4)
					Cod	de V	,	(A) (D)	Date Exe	cisable	Expiration Date	Title	Amount or Number of Shares						
	d Address of RANDS,	Reporting Person* INC.																	
(Last) ONE VA		(First) Y, BLDG D, SUI	,	1iddle)															
Street) SAN AN	TONIO	тх	78	3249			-												
(City)		(State)	(Z	ip)															
	d Address of SA INC.	Reporting Person*																	
	LERO WAY		(N	fiddle)															
BUILDII ———	NG D, SUIT	ΓE 200																	

ONE VALERO WAY BUILDING D, SUITE 200							
(Street) SAN ANTONIO	TX	78249					
(City)	(State)	(Zip)					

Explanation of Responses:

1. Pursuant to a unit purchase program under Rule 10b-18 of the Securities Exchange Act of 1934, as amended, approved by the independent executive committee of the Board of Directors of CST Brands, Inc. ("CST"), authorizing CST and its subsidiaries to purchase up to an aggregate of \$50 million of common units of CrossAmerica Partners LP (the "Common Units"), CST Services LLC ("CST Services"), a direct wholly owned subsidiary of CST USA Inc. ("CST USA"), a direct wholly owned subsidiary of CST, purchased the Common Units reported in this Form 4 pursuant to a Rule 10b5-1 trading plan adopted by CST Services adopted on September 18, 2015.

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

Remarks:

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

10/08/2015

** 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 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.