\Box

FORM 4

CST Services LLC

(First)

(Middle)

(Last)

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	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden r response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnote⁽²⁾

Footnote⁽²⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

	ions may contii tion 1(b).	nue. See		Fil							ırities Exchan Company Act		of 1934			hou	rs per	response:	0
ı	nd Address of	Reporting Person*			2. 1	ssuer i	Name :	and Ti	cker or	Tradin	g Symbol					ip of Report plicable) ctor	•	. ,	Issuer Owner
(Last) (First) (Middle) ONE VALERO WAY, BLDG D, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 10/14/2015									Offic belo	cer (give title w)	e	Othe belov	r (specify v)	
(Street) SAN ANTONIO TX 78249				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(City)	(S	tate)	(Zip)		-									X	Forr Pers	n filed by M son	ore th	nan One Re	porting
		Tab	le I - N	Non-Deri	vative	Sec	uriti	es Ac	quire	d, D	isposed c	f, or E	Benefic	ially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)				Execution Date,		Date,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficia Owned F Reported		ies Foi ially (D) Following (I) (ed		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price			ction(s) 3 and 4)			See
Common	Units			10/14/2	2015				P ⁽¹⁾		10,000	A	\$25.8	8011	5,6	91,938		I	Footnote
Common	Units			10/15/2	2015				P ⁽¹⁾		10,000	A	\$25.8	8835	5,7	01,938		I	See Footnot
		Ta	able II								posed of, convertib				wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		ise (Month/Day/Year)				action (Instr.			6. Date Exer Expiration D (Month/Day/		Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersł t (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
l	nd Address of RANDS,	Reporting Person*																	
	<u>ra ir (50)</u>					-													
(Last) ONE VA	LERO WA	(First) Y, BLDG D, SU	,	Middle))0															
(Street) SAN AN	ITONIO	TX	7	8249															
(City)		(State)	(Z	Zip)															
	nd Address of SA INC.	Reporting Person*																	
	LERO WA NG D, SUI		(1)	Middle)															
(Street)	ITONIO	TX	7	8249															
(City)		(State)	(2	Zip)															
1. Name ar	nd Address of	Reporting Person*																	

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

10/16/2015

** 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.