SEC Form 4

Instruction 1(b)

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response:

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

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

					01	r Secti	on 30(n) o	r the	Investmer	nt Co	mpany Act	of 1940						
1. Name and Address of Reporting Person [*] Lattig Stephen J				2. Issuer Name and Ticker or Trading Symbol <u>CrossAmerica Partners LP</u> [CAPL]							5. F (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	(F TTONWO	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/23/2023								X Officer below)	(give title	Presid	Other (s below) lent Retail	
				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable					
(Street) BLACKS	SHEAR G	A	31516		_								Line	X Form fi	iled by Moi	•	orting Persor 1 One Repor	
(City)	(S	tate)	(Zip)		R	ule	10b5-1	.(C)	Trans	act	ion Indi	cation						
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										to satisfy					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos Code (Instr. 5)		Disposed	irities Acquired (A) e ed Of (D) (Instr. 3, 4		5. Amoun Securitie Beneficia Owned F Reported	es Form ally (D) o Following (I) (In		: Direct I r Indirect I str. 4)	7. Nature of ndirect Beneficial Dwnership	
								Code	v	Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	511(3)		
Phantom Units ⁽¹⁾	(1)	10/23/2023			A		3,838 ⁽¹⁾		(2)		(2)	Common Units	3,838	\$0	7,602	2	D	

Explanation of Responses:

1. Each phantom unit is the economic equivalent of one common unit ("Common Unit") representing a limited partner interest in CrossAmerica Partners L.P. and is accompanied by tandem distribution equivalent rights that entitle the holder to cash payments equal to the amount of distribution authorized to be paid to the holders of Common Units.

2. 50% of the grant will vest ratably over three years, each as of December 31, until December 31, 2026. 50% of the grant will vest upon death or disability, or retirement if such retirement is not adverse to the interests of the Issuer, as determined by the Board in its sole discretion. This 50% portion will expire, if unvested 20 years from the grant date.

Remarks:

Christina Casey-Best as

Attorney-in-Fact for Stephen J. 10/23/2023 Lattig

** 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.