FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-028								
-	Estimated average h	urdon								

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

37 stimated average burden hours per response: 0.5

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>Anderson Steven R.</u>				<u>S</u>	2. Issuer Name and Ticker or Trading Symbol SUNOCO LOGISTICS PARTNERS L.P. [ SXL ]							(Ch	eck all applic	or		10% Ov	ner
(Last) (First) (Middle) 1902 EAST 30TH PLACE					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015								officer below)	(give title	Other (sp below)		specify
(Street) TULSA OK 74114			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. I Lin	e) X Form f Form f	lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(S		(Zip)	Derivati	, So	curities	· Acc	nuired F	Dien	nosed o	f or Ber	eficial	ly Owned				
1. Title of Security (Instr. 3)  2. Transac Date				. Transactio	action 2A. Deemed Execution Date,		3. Transact Code (In 8)	ed, Disposed of, or Ber  4. Securities Acquirer Disposed Of (D) (Insti- 5)  de V Amount (A) or (D)		d (A) or	5. Amour Securitie Beneficia	ount of ties Fo (D) (D) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Table II - De	erivative e.g., puts							or Bene			,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	action (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares	1	Transactio (Instr. 4)	on(s)		
Restricted Units	(1)	01/02/2015		A		2,336 <sup>(2)</sup>		(3)		(3)	Coimmon Units	2,336	\$0	13,302	(4)	D	

## **Explanation of Responses:**

- 1. Each Restricted Unit represents a contingent right to receive one Common Unit of Sunoco Logistics Partners L.P. (SXL).
- 2. This Form 4 is being filed to report a grant of restricted units pursuant to the Sunoco Partners LLC ("Company") Amended and Restated Long-Term Incentive Plan in a transaction exempt under Rule 16b-3. These restricted units vest ratably in increments of sixty percent after three years and the additional forty percent after five years. Incremental settlement is contingent only upon the individual continuing as a Director of the Company through the end of each vesting cycle.
- 3. The Restricted Units will vest incrementally over five years contingent only upon the individual continuing as a Director of the Company through the end of each vesting cycle.
- 4. On June 12, 2014, the Common Units of SXL split 2-for-1 resulting in the reporting person's ownership of 5,483 additional Restricted Units.

Peggy J. Harrison, Attorney-in-01/06/2015 fact for Mr. Anderson

\*\* 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.