FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	UMB APPRO	VAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
	hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed annual Act of ACCA

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Shea-Ballay Kathleen					2. Issuer Name and Ticker or Trading Symbol SUNOCO LOGISTICS PARTNERS L.P. [SXL]								ck all applica Director Officer (tionship of Reporting all applicable) Director Officer (give title		10% Ov Other (s	vner	
(Last) 1818 M	(Last) (First) (Middle) 1818 MARKET STREET, SUITE 1500					3. Date of Earliest Transaction (Month/Day/Year) 12/05/2014							X Officer (give title Officer (specify below) below) Sr. VP & General Counsel					
(Street) PHILAD (City)	DELPHIA P.	A State)	19103 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Inc Line)								
		Ta	able I - Non	-Derivat	tive S	ecurities	s Acq	uired,	Dis	posed of,	or Ben	eficially	Owned					
1. Title of Security (Instr. 3)		2. Transact Date (Month/Day	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)			(A) or 3, 4 and 5)	5. Amount of Securities Beneficially Owned Follow Reported		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 a				(11150.4)	
Common	Units		İ	12/05/2	2014			М		2,800	A	\$0	\$0 18,669 D					
Common	Units			12/05/2	014			F		1,361	D	\$48.04	17,3	7,308 D				
			Table II - [osed of, c onvertibl			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execution Da	Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 a	ies g Security	Derivative Security	9. Number derivative Securitie Beneficia Owned Following Reported	e Own s For ally Dire or li	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)				
Restricted Units	(1)	12/05/2014		М			2,800	(2))	(2)	Common Units	2,800	\$0	9,80	0	D		
Restricted	(1)	12/05/2014		A		10,284 ⁽⁴⁾		(3))	(3)	Common	10,284	\$0	20,08	34	D		

Explanation of Responses:

- 1. Each Restricted Unit represents a contingent right to receive one Common Unit of SXL.
- 2. Not applicable.
- 3. The Restricted Units will vest incrementally over five years contingent upon the continued employment of the reporting person with the Company through each of the vesting dates.
- 4. This is a grant of Restricted Units awarded on December 5, 2014 pursuant to the Sunoco Partners LLC ("Company") Long-Term Incentive Plan ("LTIP") in a transaction exempt under Rule 16b-3. Payout of the LTIP Restricted Units vests incrementally over a five-year period and is contingent only upon the continued employment to the reporting person with the Company at the time of vesting.

Kathleen Shea-Ballay

12/09/2014

** Signature of Reporting Person

12/09/2 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.