FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	VAL							
OMB Number:	3235-0287							
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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 pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol CVR PARTNERS, LP [UAN]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O CVR PARTNERS, LP					3. Date of Earliest Transaction (Month/Day/Year) 12/26/2015											X	below)	fficer (give title elow) VP, Marketing &		Other (something of the delay) Operation	·
2277 PL. (Street) SUGAR		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line) X Form filed by One Report Form filed by More than Person											orting Perso	n						
(City)	((Zip)	- Davis	-4:			: A	!					D.a.		- 11	0				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date,		e, T	3. Transac Code (Ir 8)	tion				ed (A) oi	or 5. Amou and Securiti Benefici Owned		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									-	Code	v	Amount		(A) or (D)	Price	,	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)
Common		12/26/2015(1)		(1)			\top	M		9,794		Α	\$7.	.55	11,	,983		D			
Common	Units		12/26/	12/26/2015(1)					D		9,794		D	\$7.	.55	2,1	189		D		
Common	Units	12/27/	7/2015 ⁽²⁾					M		5,081		A	\$8.	.17	7,2	,270		D			
Common	2015	(2)				D		5,082	1	D	\$8.	.17	2,1	,189		D					
Common Units 12/28						5				M		3,26	1	A	(3)		5,450			D	
Common Units 12/28/						5				F		1,072	2	D	\$0		4,378		D		
		٦	able II -	Deriva	tive S	Sec	uritie	s Acc	quire	ed, Di	spo	osed of onverti	, or ble	Bene	eficial	ly O	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Day	ed Date,	4. Transactior Code (Instr. 8)		5. Number n of		6. Da	•	rcisa Date	ıble and	7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and		l Securit	8. De Se	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title	e	Amoun or Numbe of Shares	er					
Phantom Units	(1)	12/26/2015			M	М		9,794		26/2015	1	2/26/2015		nmon nits	9,794		\$7.55	19,586		D	
Phantom Units	(2)	12/27/2015			M		5,081		12/2	27/2015	13	2/27/2015		nmon	5,081		\$8.17	5,081		D	

Explanation of Responses:

(3)

- $1. \ This \ transaction \ represents \ the \ cash \ settlement \ of \ vested \ Phantom \ Units \ awarded \ on \ December \ 26, \ 2014.$
- 2. This transaction represents the cash settlement of vested Phantom Units awarded on December 27, 2013.
- 3. Each Phantom Unit reported herein represents the economic equivalent of one Common Unit of CVR Partners, LP. This transaction represents the settlement of vested Phantom Units in Common Units of CVR Partners, LP.

3.261

12/28/2015

Remarks:

Phantom

/s/ Susan M. Ball, Attorney-in-

3,261

(3)

12/29/2015

0

D

<u>fact</u>

Common

Units

12/28/2015

** 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).

12/28/2015

** 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.