## Edgar Filing: Fifield J Matthew - Form 4

| Fifield J Matthew  |   |  |   |                        |  |  |  |  |
|--|---|--|---|------------------------|--|--|--|--|
| Form 4   |   |  |   |                        |  |  |  |  |
| February 14, 2007  |   |  |   |                        |  |  |  |  |
| FORM 4   | FORM 4  |  |   |                        |  |  | OMB APPROVAL                                       |  |
|  | UNITED ST.                                      |  | RITIES AND EX<br>shington, D.C. 20  |                        | COMMISSION   | NOMB<br>Number:  | 3235-0287  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5 |   | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, |   |                        |  |  | January 31,<br>2005<br>average<br>urs per<br>. 0.5 |  |
| obligations  | -   | of the Public U  | tility Holding Cor<br>vestment Compar   | npany Act              | of 1935 or Section   | on   |  |  |
| (Print or Type Respons   | ses)  |  |   |                        |  |  |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Fifield J Matthew              |   | Symbol<br>NATUI  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>NATURAL RESOURCE<br>PARTNERS LP [NRP]                                  |                        | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)          |  |  |  |
| (Last) (F<br>3801 PGA BOUL<br>803  | irst) (Midd<br>EVARD, SUI'                      | (Month/I   | f Earliest Transaction<br>Day/Year)<br>007  |                        | X Director<br>Officer (giv<br>below)   |  | 6 Owner<br>er (specify                             |  |
| (St<br>PALM BEACH<br>GARDENS, FL 33  | treet)<br>3410                                  |  | endment, Date Origina<br>nth/Day/Year)  | 1                      | 6. Individual or .<br>Applicable Line)<br>_X_ Form filed by<br>Form filed by<br>Person |  | erson  |  |
|  | tate) (Zip                                      | <sup>o)</sup> Tab  | le I - Non-Derivative   | Securities A           | cquired, Disposed (  | of, or Beneficia   | lly Owned  |  |
|  | saction Date 2A<br>h/Day/Year) Exc<br>any<br>(M | . Deemed<br>ecution Date, if   | <ul> <li>3. 4. Securit<br/>TransactionAcquired<br/>Code Disposed<br/>(Instr. 8) (Instr. 3, 4)</li> <li>Code V Amount</li> </ul> | es<br>(A) or<br>of (D) | 5. Amount of<br>Securities<br>Beneficially<br>Owned                                    | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect                           |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number<br>onof Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|---|---|---|---|--|---|--|--------------------|---|--|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Phantom<br>Units <u>(1)</u>                         | <u>(2)</u>  | 02/13/2007                              |   | А                                      | 1,500   | 02/11/2008   | 02/11/2008         | Common<br>Units   | 1,500                                  |
| Phantom<br>Units <u>(1)</u>                         | <u>(2)</u>  | 02/13/2007                              |   | А                                      | 1,500   | 02/14/2009   | 02/14/2009         | Common<br>Units   | 1,500                                  |
| Phantom<br>Units <u>(1)</u>                         | <u>(2)</u>  | 02/13/2007                              |   | А                                      | 1,500   | 02/13/2010   | 02/13/2010         | Common<br>Units   | 1,500                                  |
| Phantom<br>Units <u>(1)</u>                         | <u>(2)</u>  | 02/13/2007                              |   | А                                      | 1,500   | 02/13/2011   | 02/13/2011         | Common<br>Units   | 1,500                                  |

## **Reporting Owners**

| Reporting Owner Name / Address                                     |            | Relationships |         |       |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|
| hepot ung 0 when   | Director   | 10% Owner     | Officer | Other |  |  |  |
| Fifield J Matthew<br>3801 PGA BOULEV<br>SUITE 803<br>PALM BEACH GA |            | Х             |         |       |  |  |  |
| Signatures   |            |               |         |       |  |  |  |
| J. Matthew<br>Fifield  | 02/14/2007 |               |         |       |  |  |  |
| <u>**</u> Signature of Reporting Person                            | Date       |               |         |       |  |  |  |

## **Explanation of Responses:**

\* 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).

(1) The phantom units were granted to the reporting person under the issuer?s long-term incentive plan.

(2) The phantom units will be paid in cash based on the average closing price of the common units for the 20 trading days immediately prior to the date of vesting.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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