FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHA | NGES IN E | BENEFICIAL | OWNERSHIP |
|-----------|--------|-----------|------------|-----------|

| | OMB APPRO | OVAL |
|---|------------------------|-----------|
| l | 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

| 1 Namo an | d Address of | Poporting Porcon* | | | 2. IS | suer | Name a | nd Tick | er or Tra | dina S | Symbol | | | 5 | . Relat | ionshii | n of Reportin | a Person(s) to | Issuer |
|--|--------------|-------------------|-----------|---|--|---|---------------|--|------------------|---|---------------------|---|---|--|---|---|--|----------------|--------|
| 1. Name and Address of Reporting Person* Haeflinger Ricky J. | | | | | 2. Issuer Name and Ticker or Trading Symbol Black Stone Minerals, L.P. [BSM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>11definiger Kicky J.</u> | | | | | | | | | | | | | | X | Direc | | 10% | Owner | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Office | er (give title v) | Othe belo | r (specify w) | | |
| 1001 FANNIN STREET, SUITE 2020 | | | | | 03/07/2017 | | | | | | | | | | | | | | |
| | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | ine) | Fa | filed by One | Deposition De | waa n |
| HOUSTON TX 77002 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | on | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally C | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | 4 and Se | | ount of ities icially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | | A) or D) | Price | . | Transa | action(s) 3 and 4) | | (1113111.4) | |
| Common units representing limited partner interests 03/07 | | | | 2017 | | P | | 1,000 A | | \$17 | .04 | 10,000 | | D | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | ned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Output | | | Date, | 4. Transaction Code (Instr. 8) | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivati Security (Instr. 5 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber ires | | | | | |

Explanation of Responses:

Remarks:

/s/ Steve Putman, Attorney-in-Fact for Ricky J. Haeflinger

03/08/2017

** 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.