FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasiiiigtoii, | D.C. 20049 | |
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OMB APPROVAL

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). S | ee Instruction 1 | 0. | | | | | | | | | | | | | | | | | |
|--|--|-------|--------------|----------|---|---|--|---------|--|---------|--------------------|--|---|--------|---|---|--------------------------------------|--|--|
| 1. Name and Address of Reporting Person* Randall William E. | | | | | 2. Issuer Name and Ticker or Trading Symbol Black Stone Minerals, L.P. [BSM] | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Owner | | | | | | |
| (Last) 1001 FA | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2025 | | | | | | | | | Office | Officer (give title pelow) | | Other (spe below) | |
| (Street) HOUST(| ON TX | | 7002 Zip) | | 4. If A | Amend | ment, | Date of | f Origina | l Filed | d (Month/Da | y/Year | ·) | Line | e) Form | filed by On- filed by Mo filed by Mo | e Reporti | ng Perso | on |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (AD Disposed Of (D) (Instr. 3, 5) | | | | Benefi | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | ction(s) 3 and 4) | | | (instr. 4) |
| Common units representing limited partner interests 01/03 | | | | | /2025 | | | | A ⁽¹⁾ | | 1,284 | 1 | A | \$14.0 | 5 15 | 157,084 | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | | on Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y Ow For Dire or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. Pursuant to a previous arrangement, the Reporting Person elected to receive common units in lieu of a cash retainer for service on the Board of Directors of the Partnership's General Partner.

Remarks:

/s/ Steve Putman, attorney-infact for William E. Randall

01/07/2025

irectly.

** 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.