FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D. | C. 20549 |
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OMB APPROVAL

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

| 1. Name and Address of Reporting Person* <u>Mathis William N.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Black Stone Minerals, L.P. [BSM] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) No Director 10% Owner | | | | | |
|---|---|--|---|-----------------|---|--|-----------------------------------|-------|--|--|--------------------|---|---------------------------------|--|---|--|---|--|--|
| (Last) 1001 FAI | , | rst) (EET, SUITE 202 | (Middle) | | | Date of Earliest Transaction (Month/Day/Year) 1/11/2017 | | | | | | | | | Offic belo | er (give title w) | | Other (specify below) | |
| (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (City) | | | 77002 (Zip) | | | | | | | | | | | | Forr Pers | | e than One Rep | orting | |
| | <u> </u> | | le I - Nor | -Deriva | ative S | ecu | ritie | s Acc | uired. | Disi | oosed o | f. or | Bene | eficia | llv Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | (A) or | 5. Am Secur Benef Owne | unt of (ies (instance instance instanc | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | action(s) 3 and 4) | | (Instr. 4) | |
| Common interests | units repres | senting limited p | artner | 01/11/ | /2017 | | | | A | | 9,095 | | A | \$0.0 | 00 5 | 55,843 | D | | |
| Common interests | units repres | senting limited p | artner | | | | | | | | | | | | 7 | 77,459 | I | By Conti Street Partners, L.P. | |
| Common interests | units repres | senting limited p | artner | | | | | | | | | | | | 2 | 42,714 | I | By Conti Street Minerals, L.P. | |
| Common interests | units repres | senting limited p | artner | | | | | | | | | | | | 6 | 04,328 | I | By WM Capital Partners, L.P. | |
| Common interests | units repres | senting limited p | artner | | | | | | | | | | | | 1 | 89,117 | I | By The Estate of Isabel Brown Wilson | |
| Common units representing limited partner interests | | | | | | | | | | | | | | 1 | 01,755 | I | By Travis A. Mathis Special Trust | | |
| | | Ta | able II - D | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed 2 Date, 1 | 4. Transacti Code (Ins | on str. | 5. Number 6 | | 6. Date E | 5. Date Exercis Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | | | Date Exercisal | | Expiration Date | Title | or Nun of | | | | | | |
| vnlanation | of Resnons | .001 | | | | | | | | | | | | | | | | | |

Remarks:

/s/ Steve Putman, Attorney-in-Fact for William N. Mathis

01/12/2017

** Signature of Reporting Person

Date

** 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.