FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

vvasilington, D.O. 200	7-0	

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-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	ee Instruction 1																					
Name and Address of Reporting Person*  Kyle Jerry V. Jr.					2. Issuer Name <b>and</b> Ticker or Trading Symbol Black Stone Minerals, L.P. [ BSM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Kyle Jerry V. Jr.														Director Officer (give t			10% Owne		Owner er (specify			
(Last) 1001 FA	(Fir	est) (I EET, SUITE 20:	Middle)	3. Date of Earliest Tran 01/03/2025				Trans	saction	(Mont	h/Day/Year)				below		iic	belo				
					4. If /	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)	ON TX	K 7	77002						, , ,						Form filed by N			One Reporting Perso				
(City)	(Sta	ate) (2	Zip)												Perso	on						
		Table	I - No	on-Deriva	tive	Secui	rities	Acc	quired	l, Di	sposed of	, or B	enef	icia	lly Own	ed				٦		
[			2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amount of Securities Beneficially Owned Followin		s Ily	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)	Price	9	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common units representing limited partner interests			01/03/20	025			<b>A</b> <sup>(1)</sup>		1,284	A	\$14	4.6	6 286,832		I	)						
Common units representing limited partner interests													250,	088	]	I	By Lena ( Anderson Kyle 196 Trust	ı				
Common units representing limited partner interests														4,0	00	]	I	By family limited partnersh				
Common partner in		senting limited													350,	By Lena C A Kyle Trust		C				
	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)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		eemed ition Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration I (Month/Day)		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8	3. Price of Derivative Security Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte Transac (Instr. 4)	ve es ally ng d tion(s)	10. Ownersi Form: Direct (I or Indire (I) (Instr.	Benefic O) Owner oct (Instr.	rect cial ship				
		Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er											

## 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 Jerry V. Kyle, Jr.

01/07/2025

\*\* 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.