## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

o.C. 20549	OMB APPROVAL
	OND ALL KOVAL

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>Kyle Jerry V. Jr.</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol Black Stone Minerals, L.P. [ BSM ]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) 1001 FANNIN STREET, SUITE 2020						3. Date of Earliest Transaction (Month/Day/Year) 07/08/2016									Offic belov	er (give title v)	e	Other below	(specify )
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line)					
HOUSTO	ON TY	ζ 7	77002											X Form filed by One Reporting Person					
(City)	(St	ate) (	Zip)												Form filed by More than One Reporting Person				
(- 9)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execu Year) if any		. Deemed ecution Date, iny onth/Day/Year)		ction Instr.	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)			r and	5. Amou Securitie Benefici Owned F	s	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		)	Reported Transaction(s) (Instr. 3 and 4)					
Common interests	units repres	senting limited p	artner	07/08/2	2016				A <sup>(1)</sup>		1,209	A	\$15	.5(1)	72,	703	I	)	
Common interests	units repres	senting limited p	artner												108	,273	1	I A	By Lena C Anderson Kyle 1968 Trust
Common interests	units repres	senting limited p	artner												151	,608	1	I   A	By Lena C A Kyle Trust
Common interests	units repres	senting limited p	artner												1,0	000	1	I C	By Carter Clementine Kyle 1995 Trust
Common units representing limited partner interests													1,000		j	ı S	By Dillon Samuel Kyle 1997 Trust		
Common units representing limited partner interests														1,0	000	]	ı İ	By James Van Kyle 999 Trust	
Common units representing limited partner interests															1,000		I V		By Justin Van Kyle 999 Trust
		Та	ıble II -								osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security			on Date,	n Date, Transac Code (In		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In:	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly C	0. Ownership Form: Oirect (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amour or Numbe of Shares	er							
'valanatia:	of Dechane																		

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-in-07/12/2016 Fact for Jerry V. Kyle, Jr.

\*\* Signature of Reporting Person

Date

- $^{\star}$  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.