FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

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

1. Name and Address of Reporting Person* <u>Carter Thomas L Jr</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) X Director 10% Owner						
(Last) 1001 FA	ast) (First) (Middle) 001 FANNIN STREET, SUITE 2020				3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024								X Officer (give title Other (specify below) CEO, President, and Chairman				
(Street) HOUSTON TX 77002			4.1	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 Form filed by More than One Reporting					
(City) (State) (Zip)			R	Rule 10b5-1(c) Transaction Indication													
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Table	I - Non-Deriva	tive	Secu	ırities	Acc	quire	d, D	isposed o	f, or B	enefici	ally Own	ed			
Date		2. Transaction Date (Month/Day/Y	Execution D		ion Dat	9, ⊺	3. Transaction Code (Instr.				d (A) or r. 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct I (D) or I Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					ſ	Code	v	Amount	(A) or (D)	Price							
Common partner in	_	senting limited	02/20/202	24				A ⁽¹⁾		292,275	A	\$0	3,148	,139	Γ)	
Common partner in		senting limited	02/20/202	24				F ⁽¹⁾		115,011	D	\$14.91	3,033	,128	Г		
Common partner in		senting limited											13,1	41	1		By Fowler Thomas Carter 1995 Trust
Common partner in	_	senting limited											37,7	7 41	1		By Georgia Elizabeth Carter 1995 Frust
Common units representing limited partner interests											167,	155]	[]	By spouse		
Common partner in	1	senting limited											37,7	742	1		By Molly Leachman Carter 1995 Trust
Common units representing limited partner interests							37,741		1	I By Katherine Ross Carter 1995 Trust							
Common units representing limited partner interests										11,481,503				By Carter2221, Ltd.			
		Tat	ole II - Derivati (e.g., pu						•	posed of, , convertib			•	d			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)		3A. Deemed Execution Date,	4. Tran	4. 5. Nur Transaction of Code (Instr. Deriva		mber rative rities ired r osed)	6. Date Expiration (Month/Dates)		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
				Cod	e V	(A)	(D)	Date Exer	cisabl	Expiration e Date	Title	Amount or Number of Shares					

Explanation of Responses:

Remarks:

/s/ Steve Putman, attorney-infact for Thomas L. Carter, Jr.

02/22/2024

** 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.