FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machineton | D C | 20540 | |
|-------------|------|-------|--|
| Washington, | D.C. | 20549 | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL

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

| | e conditions of ee Instruction 1 | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|---|--------------|-------------------------------------|------------------------------|-------|-------|--------|-------------------------------------|--|--------------------|--|---------------------------------------|---|---|--|--|---|------------------------------------|--|
| | nd Address of ch D Mar | Reporting Person* $\frac{\mathbf{k}}{\mathbf{k}}$ | • | | | | | | | | Symbol P. [BSM] | | | (Ch | telationship eck all app Direc | licable) | orting Pe | . , | Issuer Owner | |
| (Last) 1001 FA | (Fir | rst) (I EET, SUITE 20: | Middle) | | 10/04/2024 | | | | nsaction (Month/Day/Year) | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) | ON TX | ζ 7 | 77002 | | 4. If <i>i</i> | Amend | ment, | Date (| of Origir | nal File | ed (Month/Da | y/Year) | | Line | e) Form | filed by filed by f | One Re | ng (Check porting Pe an One R | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | 2. Transacti | on 2A. Deemed Execution Date, | | | | | | s Acquired (A) or Of (D) (Instr. 3, 4 a | | | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | |
| Common partner in | | senting limited | | 10/04/20 | 024 | | | | A ⁽¹⁾ | | 1,241 | A | \$15 | 5.1 | 358, | 246 |] | D | | |
| Common partner in | | senting limited | | | | | | | | | | | | | 558, | 522 | | I | By DeWalch Diversified LP | |
| Common partner in | | senting limited | | | | | | | | | | | | 40,809 | | I Ma | | By Donald Mark DeWalch Trust | | |
| Common partner in | _ | senting limited | | | | | | | | | | | | | 6,7 | 749 I By | | By wife | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | y Owne | d | | | | |
| Security or Exercise (Month/Day/Year) if any | | | | eemed ition Date, h/Day/Year) | n Date, Transact Code (In | | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Numb derivativ Securitie Benefici Owned Followir Reporte Transac (Instr. 4) | ve es ially ng d tion(s) | 10. Ownersh Form: Direct (D or Indired (I) (Instr. | Benefici Ownersh (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amour or Number of Shares | r | | | | | | |

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 D. Mark DeWalch

10/08/2024

** 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.