Edgar Filing: COX MARK B - Form 4

| COX MARK Form 4 | | | | | | | | | | | | |
|--|---|--|---|--|---------------------------------------|--------------------------|---------------|--------------|--|--|------------------------------------|--|
| September 11 FORM Check this | 4 UNITED S | 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | PROVAL 3235-0287 January 31, | |
| if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | 5. Filed pure s nue. Section 17(a | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | | Expires: 2005 Estimated average burden hours per response 0.5 | | |
| COX MARK B Sym | | | | 2. Issuer Name and Ticker or Trading ymbol Delek US Holdings, Inc. [DK] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) 3. | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2009 | | | | | | (Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title Other (specify below) below) EVP / Chief Financial Officer | | | |
| | | | | mendment, Date Original Aonth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| BRENTWOO (City) | OD, TN 37027 (State) | (Zip) | T LL | | | G | • | | Form filed by M Person | Iore than One Re | porting | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | e 2A. Deer Executio any | | 3. Transacti Code (Instr. 8) | 4. Sect on(A) or (D) (Instr. | uritie Disp 3, 4 a | s Aco osed | quired of | Juired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | |
| Common Stock | 09/10/2009 | | | А | 30,00 | 0 | A | \$0 | 30,000 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|---|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (Right to Buy) | \$ 8.32 | 09/10/2009 | | A | 60,000 | <u>(1)</u> | 09/10/2019 | Common Stock | 60,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| COX MARK B 7102 COMMERCE WAY BRENTWOOD, TN 37027 | | | EVP / Chief Financial Officer | | | | |
| Signatures | | | | | | | |

/s/ Mark B. Cox 09/11/2009

Date

Explanation of Responses:

* 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).

(1) The option vests ratably on the first four anniversaries of September 10, 2009.

Remarks:

**Signature of

Reporting Person

Exhibit List - Exhibit 24: Power of Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.