WALL KEVIN F Form 4 August 14, 2012

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

2. Issuer Name and Ticker or Trading

OMB 3235-0287

Number: January 31, 2005

OMB APPROVAL

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

Persons who respond to the collection of

information contained in this form are not

required to respond unless the form

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction 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 30(h) of the Investment Company Act of 1940

Symbol

1(b).

(Print or Type Responses)

WALL KEVIN F

1. Name and Address of Reporting Person *

			PARTNERS LP [NRP]					(Check all applicable)			
(Last) (First) (Middle) 5260 IRWIN ROAD		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/13/2012					Director 10% Owner X Officer (give title Other (specify below) below)			
			4. If Amendment, Date Original Filed(Month/Day/Year)					Executive VP-Operations 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
HUNTING	TON, WV 2570:	5						Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)		sed 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 Indirect Beneficial Ownership (Instr. 4)	
Common Units	08/13/2012			P	2,000	A	\$ 21.9626	3,500	D		
Common Units								500	I	By Brittany Wall, Daughter	
Reminder: Rej	oort on a separate lin	e for each cla	iss of seci	urities bene	ficially ow	ned d	lirectly or in	directly.			

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SEC 1474

(9-02)

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. DenNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Instr	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Units (2)	(3) (4)					02/12/2013	02/12/2013	Common Units	8,000	
Phantom Units (2)	(3) (4)					02/11/2014	02/11/2014	Common Units	8,000	
Phantom Units (2)	(3) (4)					02/10/2015	02/10/2015	Common Units	9,000	
Phantom Units (2)	(3) (4)					02/14/2016	02/14/2016	Common Units	10,000	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WALL KEVIN F 5260 IRWIN ROAD HUNTINGTON, WV 25705

Executive VP-Operations

Signatures

Kevin F. Wall 08/14/2012

**Signature of Reporting Person 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) Mr. Wall disclaims beneficial ownership of these securities.
- (2) The phantom units were originally granted to the reporting person under the issuer's long term incentive plan.

Reporting Owners 2

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- (3) The phantom units will be paid in cash based on the average closing price of the common units for the 20 trading days immediately preceding the date of vesting.
- (4) Award includes tandem distribution equivalent rights pursuant to which the quarterly distributions paid by the partnership on each unit will be accrued over the vesting period and paid on vesting.

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.