FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average t | ourden | | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ì | Section 16. Form 4 or Form 5 | | | | | | | | |
| J | 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* GGC USS Holdings, LLC | | | | | | 2. Issuer Name and Ticker or Trading Symbol U.S. SILICA HOLDINGS, INC. [SLCA] | | | | | | | | | k all app Dired | | g Person | 10% O | wner |
|--|---|--|--|-----------------|---|--|---|-------------|--------------------------------|--|--------------------|--|--------------------------------|---|--|---|--|------------------------|--|
| (Last) (First) (Middle) C/O U.S. SILICA HOLDINGS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2012 | | | | | | | | | | Offic belov | er (give title w) | | Other (below) | specify |
| 8490 PROGRESS DRIVE, SUITE 300 | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) FREDERICK MD 21701 | | | | | | | | | | | | | Line) | , | | | | | |
| (City) | (| State) (| (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriva | ative | Seci | uritie | s Ac | quired | , Dis | posed o | f, or | Bene | ficially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | Code | v | Amount | | | | () (I | A) or D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | | |
| Common Stock, par value \$0.01 02/06/2 | | | | | 2012 | | S | | 8,804,55 | 52 D \$ | | \$15.81 | 1 41,176,471 | | D | | | | |
| 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) | 3A. Deen Executio if any (Month/D | n Date, | I. Fransaction Code (Instr. B) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | De Se (In: | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | n: ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

/s/ Michele Luburich by Power of Attorney

02/08/2012

** 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.