FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | | |

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

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

| Name and Address of Reporting Person* Murry David D. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol U.S. SILICA HOLDINGS, INC. [SLCA] | | | | | | | | | of Reportin icable) or r (give title | g Per | son(s) to Is: 10% O Other (| wner | |
|--|--|--|------------------------|---------|---|---|--|------|--|-------------------------------------|------------------|--|----------------|---|--|---|---|---------------------------------------|---|--|
| (Last) (First) (Middle) C/O U.S. SILICA HOLDINGS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2014 | | | | | | | | | helow | | | below) | Эрсспу | |
| 8490 PROGRESS DRIVE | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | (Street) FREDERICK MD 21701 | | | | | | | | | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | | | r cisuii | | | | | |
| | | Tab | e I - Non | -Deriva | ative | Sec | curitie | s Ac | quired, [| Disp | osed o | of, or B | ene | ficial | ly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution [| | | Code (In | Transaction Dispose Code (Instr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | | Benefic | es ially Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| | 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) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exer Expiration I (Month/Day | ate | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | or Nu of | nount mber ares | | | | | | |
| Restricted Stock Units | (1) | 02/11/2014 | | | A | | 1,880 | | (2) | | (2) | Common Stock | 1, | ,880 | \$0.00 | 1,880 | | D | | |

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock upon vesting of unit.
- $2.\ One-third of the restricted stock units are scheduled to vest on each of February 11, 2015, February 11, 2016 and February 11, 2017.$

Remarks:

/s/ Sean J. Klein by Power of Attorney

02/13/2014

** 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.