#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
houre per rechence.	0.5						

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*  Murry David D.				2. Issuer Name <b>and</b> Ticker or Trading Symbol  U.S. SILICA HOLDINGS, INC. [ SLCA ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director							
(Last) (First) (Middle) C/O U.S. SILICA HOLDINGS, INC. 8490 PROGRESS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015										below)	Officer (give title Other (sp below) below)  VP, Talent Management				
(Street)	Street) FREDERICK MD 21701				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)		-		-Deriv	/ative	- Se	curitie	s Δ (	quired	Diei	nosed c	of o	r Ben	eficial	ly Owner	1				
1. Title of Security (Instr. 3)  2. Tra				2. Trans	ansaction 2A. Exe		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction I				(A) or	5. Amou Securiti Benefici Owned I	int of es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
				Code					v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common	Common Stock				L/2015 <sup>(1)</sup>				М		627	627 A		\$0.0	5,	192		D		
Common	Common Stock			02/1	)2/11/2015				F <sup>(2)</sup>		260		D	\$28.	7 4,	932		D		
		1	Table II -						uired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Dav/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transaction Code (Instr. 8)		n of I		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	V (A)		Date Exercisabl		xpiration ate	Title	N	Amount or Number of Shares						
Restricted Stock Units	(3)	02/11/2015			М			627	(4)		(4)		nmon ock	627	\$0.00	1,253		D		
Employee Stock Option (Right to buy)	\$28.7	02/12/2015			A		3,801		(5)	0.	2/12/2025		nmon ock	3,801	\$0.00	3,801		D		
Restricted Stock	(3)	02/12/2015			A		1,520		(6)		(6)		nmon ock	1,520	\$0.00	1,520		D		

#### **Explanation of Responses:**

- 1. Scheduled vesting of restricted stock units granted February 11, 2014.
- 2. Tax withholding on vested restricted stock units.
- 3. Each restricted stock unit represents a contingent right to receive one share of common stock upon vesting of the unit.
- 4. Restricted Stock Units granted on February 11, 2014 and vesting in three equal installments on the anniversary date of the grant.
- 5. Option grant dated February 12, 2015, vesting in three equal annual installments on the anniversaries of the grant date.
- 6. Restricted Stock Units granted on February 12, 2015 and vesting in three equal installments on the anniversaries of the grant date.

# Remarks:

/s/ Sean J. Klein by Power of Attorney

02/13/2015

\*\* 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.