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

1. Name an	d Address of		2. Issuer Name and Ticker or Trading Symbol U.S. SILICA HOLDINGS, INC. [ SLCA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Allidid									1	X Dire	ctor		X 1	0% Owner				
						3. Date of Earliest Transaction (Month/Day/Year) 03/19/2013								Offic belo	ther (specify elow)			
(Street) SAN FRANCISCO CA 94111 (City) (State) (Zip)			I	4.1										5. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea					ear)	Execution		on Date, T				Acquired (A) or D) (Instr. 3, 4 and 5		5. Amount Securities Beneficial Owned Fo Reported	Form: I y (D) or I		Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								c	Code	v	Amount	(A) or (D)	Price	Transactio	tion(s)		(	
Common Stock, par value \$0.01 03/19/2013					13	3			S		9,775,000	D	\$21.12	31,401,471		I		See Footnotes <sup>(1)(2)</sup>
		Та	ble								posed of, , convertib							
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any				Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			and nt of ties ying tive ty (Instr. 3	Derivative deriv Security Secu (Instr. 5) Bene Own Follo Repo		ies cially ng ed ction(s)	10. Owners Form: Direct or Indii (I) (Inst	D) Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisable	Expiration e Date	Title	Amount or Number of Shares					

## Explanation of Responses:

1. Mr. Amara is a Managing Director of Golden Gate Capital, a private equity firm and sponsor of GGC USS Holdings, LLC ("Holdings"). Holdings is the direct beneficial owner of 31,401,471 shares of common stock of U.S. Silica Holdings, Inc. The shares beneficially owned directly by Holdings are beneficially owned indirectly by (a) Golden Gate Capital Opportunity Fund, L.P., (b) Golden Gate Capital Opportunity Fund-A, L.P., (c) GGCOF Third-Party Co-Invest, L.P. and (d) GGCOF Co-Invest, L.P. The shares indirectly held by the funds listed in clauses (a) through (c) are beneficially owned indirectly by their general partner, GGC Opportunity Fund Management, L.P. ("Management GP"), and the general partner of Management GP, GGC Opportunity Fund Management GP"). (Continued in footnote 2)

2. The shares indirectly held by the fund listed in clause (d) are beneficially owned indirectly by its general partner, GGCOF Co-Invest Management, L.P. ("GGCOF Management"), the general partner of GGCOF Management, Management GP, and the general partner of Management GP. Ultimate GP. Ultimate GP has voting and dispositive authority over the shares held by Holdings and is governed by its board of directors. Mr. Amara disclaims beneficial ownership of the shares held by Holdings, except to the extent of his pecuniary interest therein.

/s/ Robert M. Hayward, P.C. by Power of Attorney 04/19/2013

\*\* 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.