Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
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| hours per response | . 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* Padgett Gene | | | | | 2. Issuer Name and Ticker or Trading Symbol U.S. SILICA HOLDINGS, INC. [SLCA] | | | | | | | | | | heck all app Direc | licable) tor | Ü | rson(s) to Is | vner |
|--|--|---------|---------|------------------------|---|--|-------------|---------------------------|---|--------------------------------------|--------------------|--|---|---|---|--|---|--|--|
| (Last) 24275 K | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2023 | | | | | | | | | | belov | er (give title v) TP, CAO ar | | Other (s below) ontroller | specify |
| SUITE 600 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) KATY TX 77494 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Ž | Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| Check this box to indicate that a transaction was r satisfy the affirmative defense conditions of Rule 1 | | | | | | | | | de pursuant to a contract, instruction or written plan that is intended to b5-1(c). See Instruction 10. | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec ay/Year) if an | | Deemed cution Date, ny nth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | | nd Securi Benefi | ties cially I Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A (D | A) or D) | Price | Transa | action(s) . 3 and 4) | | | (Instr. 4) |
| Common Stock 12 | | | | 12/18/ | /2023 | | | A | | 9,001(1) | | A | \$0 |) 9 | 9,001 | | 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) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | | on Date, | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | Expiration (Month/Day ties red sed 3, 4 | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | f g | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow For Dire or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Nui of | ount mber ares | | | | | |

Explanation of Responses:

1. Represents restricted stock units granted on December 18, 2023 which will vest in three equal installments on the anniversary of the grant date.

/s/ Stacy Russell, as Attorney-12/20/2023 in-Fact

** 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.