FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	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 7										
Name and Address of Reporting Person*							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)					
<u>Yoxtheimer Adam</u>						O.O. OILICA HOLDHAOO, HAC. [SECA]										Direc	tor	109	6 Owner		
(Last) (First) (Middle)															X Offic		er (give title v)	Oth belo	er (specify ow)		
(Last)	(F		3. Date of Earliest Transaction (Month/Day/Year)										V	ν VD Chief Δ	dmin Offic	or					
8490 PROGRESS DRIVE						09/16/2015										v	r, Cillei A	dilliii Ollic	C1		
SUITE 300																					
SUITE SUU						4. If Amondment, Date of Original Filed (Month/Day/Mass)									C. Individual or Joint/Croup Filing (Charle Assissable						
					- 4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X	Form	filed by One	Reporting P	erson		
FREDEF	RICK M	I D	21701												, , ,						
				_										Form filed by More than One Reporting Person							
(City)	10	'tata\	(7in)													1 0100	011				
(City)	(3	State)	(Zip)																		
		Tal	le I - No	n-Deriv	vative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally C	wne	ed				
1. Title of Security (Instr. 3) 2. Transact									3.									6. Ownership			
				Date (Month)	/Day/Ves	Execution D				Transaction Di		sposed Of (D) (Instr. 3, 4			4 and Secur Benef			Form: Direct (D) or Indirect			
(W							(Month/Day/Year)]"				Ow		l Following	(I) (Instr. 4)	Ownership		
												(A) or Pri			Repor		ted action(s)		(Instr. 4)		
						Code	v	Amount		(A) 01 (D)	Price		(Instr. 3 and 4)		1						
Common Stock							2015				545(1)) D \$1		¢10	8.88 3,866		0.066	D	_		
Common Stock 09/16/2						2015			F		545(*)	<u> </u>	ט	\$18.88			0,000	ע			
		7	able II - I	Deriva	tive S	201	ıritine	Acau	ired D	iena	need of	or F	Renef	iciall	v Ow	nad					
		•									onvertib					iicu					
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Number		6. Date Exercisable		sable and	ole and 7. Title and			8. Price of		9. Number o	f 10.	11. Nature		
Derivative	Conversion		Execution	n Date,		Transaction				Expiration Date			Amount of		Derivative		derivative	Ownersh			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/D	av/Year)	Code (8)	(Instr	r. Derivative (Securities		(Month/D	ear)	Securities Underlying			Security (Instr. 5)		Securities Beneficially	Form: Direct (D	Beneficial Ownership			
(Derivative		(,,	'	-,		Acquired							1' '		Owned	or Indired	t (Instr. 4)		
Security						(A) or Disposed of (D)			Security and 4)				ıstr. 3			Following Reported	(I) (Instr.	¹⁾			
											4,					Transaction(s)	(s)				
							(Instr. 3, 4 and 5)										(Instr. 4)				
							anu :	anu s)				-			-			1			
													Am or	ount				1			
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					Code	l,	_(A)		Date Exercisa			Title	of Sh	ares							
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Explanation of Responses:

1. Tax withholding on vested restricted stock.

Remarks:

/s/ Sean J. Klein by Power of

09/17/2015

Attorney

** 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.