FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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 and Address of Reporting Person* Merril Donald A						2. Issuer Name and Ticker or Trading Symbol <u>U.S. SILICA HOLDINGS</u> , <u>INC.</u> [SLCA]								heck a	all appli Directo	or		10% Ow	/ner
(Last) (First) (Middle) C/O U.S. SILICA HOLDINGS, INC. 8490 PROGRESS DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2017								X Officer (give title Other (specify below) EVP & Chief Financial Officer					
(Street) FREDERICK MD 21701					_ 4. Ii _	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)																
4 Till 4	2		le I - No			_			quired	l, Di	sposed ()wned		c 0	nership 7	7. Nature
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						(E)	2A. Deemed Execution Date, if any (Month/Day/Year)					es Acquire Of (D) (Insti		and 5) Securiti Benefic Owned		es ally Following	Form:	: Direct r Indirect str. 4)	of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	- 11	Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common Stock 02/11/2					/2017)17		M		1,681	A	\$57.6	69 ⁽¹⁾ 10		,679		D		
Common Stock 02/11/2					/2017	017			F ⁽²⁾		926	D	\$57.6	69	9,	9,753		D	
Common Stock 02/12/2					/2017	017			M		2,151	A	\$57.6	57.69 ⁽³⁾ 11		,904	4 Г		
Common Stock 02/12/20					/2017	017			F ⁽²⁾		1,081	D	\$57.6	\$57.69),823		D	
		Т	able II								posed of converti			y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I		4. Transa Code (8)		on of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	1					
Restricted Stock Units	(4)	02/11/2017						1,681	(5)		(5)	Common Stock	1,681	\$1	0.00	0		D	
Restricted Stock Units	(4)	02/12/2017			M			2,151	(6)		(6)	Common Stock	2,151	\$	0.00	2,151		D	

Explanation of Responses:

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

02/14/2017

** 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.