FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |

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| 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* <u>Avramovich Daniel W</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol U.S. SILICA HOLDINGS, INC. [SLCA] | | | | | | | | | eck all appli | cable) | g Per | son(s) to Is | | |
|---|--|--|---|--------|--------------------------------------|---|--|---------|--|--------|------------------|---|--|-----------------------|---|--|--------------------|--|--|--|
| (Last) (First) (Middle) 8490 PROGRESS DRIVE | | | | | | | of Earlies | t Trans | saction (Mc | onth/[| Day/Year) | | Officer below) | (give title | | Other (below) | specify | | | |
| (Street) FREDERICK MD 21701 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | of, or Be | ene | ficial | ly Owned | d . | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dispose Code (Instr. 5) | | Dispose | ities Acqui d Of (D) (In | | | Benefic | es Fo ially (D Following (I) | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transac (Instr. 3 | ction(s) | | | (1130.4) | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transactio Code (Inst 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | Amount of Securities Underlying Derivative | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly Di or (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 | | xpiration ate | Title | or Nu of | nount mber ares | | | | | | |
| Restricted Stock Units | (1) | 03/20/2014 | | | A | | 2,787 | | (2) | | (2) | Common Stock | 2, | 787 | \$0.00 | 2,787 | | D | | |

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock upon vesting of the unit.
- $2.\ Restricted\ Stock\ Units\ granted\ on\ March\ 20,\ 2014\ and\ vesting\ on\ March\ 14,\ 2015.$

Remarks:

Sean J. Klein, by Power of

03/21/2014

** 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.