Edgar Filing: CEDAR FAIR L P - Form 4

CEDAR FA Form 4 June 23, 20													
FOR	ЛЛ							NGE			PPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							COMMISSION	OMB Number:	3235-0287				
							Expires: January 3 Expires: 200 Estimated average burden hours per response 0.						
(Print or Type	e Responses)												
Ouimet Matthew A Sys				2. Issuer Name and Ticker or Trading Symbol CEDAR FAIR L P [FUN]					5. Relationship of Reporting Person(s) to Issuer				
(Last)						Fransaction	-		(Check all applicable)				
				(Month/Day/Year) 06/20/2014					Director 10% Owner X Officer (give title Other (specify below) below) President & CEO				
				If Amendment, Date Original led(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
SANDUS	KY, OH 44870								Person	More than One R	eporting		
(City)	(State)	(Zip)	Ta	ble I - N	Non-	Derivative	e Secu	rities Acc	quired, Disposed o	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution I any	Date, if	Code (Instr. 3, 4 and 5) ear) (Instr. 8) (A)				of (D)	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Units of Limited Partner Interest	06/20/2014			М		32,268	A	\$ 52.99	157,760	D			
Units of Limited Partner Interest	06/20/2014			D		16,838	D	\$ 52.99	140,922	D			
Units of Limited Partner Interest									2,000	I	By Spouse as Custodian for		

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Children

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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. Transacti Code (Instr. 8)	orDeriv Secu Acqu or Di (D)	rities hired (A) sposed of 3, 4,	6. Date Exercisab Date (Month/Day/Year	•	7. Title and Underlying (Instr. 3 and	g Seci
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nui Sha
call options to purchase limited partnership units	\$ 36.95						<u>(1)</u>	02/26/2023	Units of Limited Partner Interest	12
call options to purchase limited partnership units	\$ 29.53						<u>(2)</u>	03/27/2022	Units of Limited Partner Interest	86
Phantom Units	<u>(3)</u>	06/20/2014		М		32,268	06/20/2014 <u>(4)</u>	06/20/2015 <u>(4)</u>	Units of Limited Partner Interest	32
Phantom Units	<u>(3)</u>						03/03/2014(5)	03/03/2015 <u>(5)</u>	Units of Limited Partner Interest	14

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Ouimet Matthew A ONE CEDAR POINT DRIVE SANDUSKY, OH 44870			President & CEO	

Signatures

**Signature of

Reporting Person

Matthew A. Ouimet

06/23/2014

Explanation of Responses:

- * 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).
- (1) Options vest at a rate of 33% per year on each anniversary date, beginning on February 26, 2014.
- (2) Options vest at a rate of 33% per year on each anniversary date, beginning on March 27, 2013.
- (3) Each phantom unit is the economic equivalent of one limited partner unit in Cedar Fair, L.P.
- (4) This award vests in two equal installments on June 20, 2014 and 2015, respectively, assuming the grantee continues to be employed with the Company.
- (5) This award vests in two equal installments on March 3, 2014 and 2015, respectively, assuming the grantee continues to be employed with the Company.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.