

MANGROVE PARTNERS
Form 4
March 17, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Mangrove Partners Master Fund, Ltd.

2. Issuer Name and Ticker or Trading Symbol
SunCoke Energy, Inc. [SXC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction
(Month/Day/Year)

___ Director ___ 10% Owner
___ Officer (give title below) ___ Other (specify below)

PO BOX 309, UGLAND HOUSE, S. CHURCH ST.,

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
___ Form filed by One Reporting Person
X Form filed by More than One Reporting Person

(Street)

GEORGE TOWN, E9 KY1-1104

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|--|
| | | | Code | V | Amount | (A) or (D) | Price |
| Common Stock, \$0.01 par value | 03/16/2017 | | S | | 226,439 | D | \$ 10.1127 |
| | | | | | 7,208,695 | D | (1) (2) |
| Common Stock, \$0.01 par value | 03/16/2017 | | S | | 58,045 | D | \$ 10.1236 |
| | | | | | 7,150,650 | D | (1) (2) |

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

SEC 1474 (9-02)

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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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Owned Beneficially (Instr. 5) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|--|
| | | | | Code | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Mangrove Partners Master Fund, Ltd.
PO BOX 309, UGLAND HOUSE, S. CHURCH ST.
GEORGE TOWN, E9 KY1-1104

Mangrove Partners Fund (Cayman), Ltd.
MAPLES CORP. SVCS, PO BOX 309
UGLAND HOUSE, S. CHURCH STREET
GEORGE TOWN, E9 KY1-1104

Mangrove Partners Fund, L.P.
645 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022

MANGROVE CAPITAL
645 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022

AUGUST NATHANIEL H.
645 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022

MANGROVE PARTNERS
645 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022

Signatures

| | |
|---|------------|
| /s/ Nathaniel H. August, as Director of The Mangrove Partners Master Fund, Ltd. | 03/17/2017 |
| **Signature of Reporting Person | Date |
| /s/ Nathaniel H. August, as Director of Mangrove Partners, the Investment Manager of the Reporting Person | 03/17/2017 |
| **Signature of Reporting Person | Date |
| /s/ Nathaniel H. August, as Director of Mangrove Capital, the General Partner of the Reporting Person | 03/17/2017 |
| **Signature of Reporting Person | Date |
| /s/ Nathaniel H. August as director of Mangrove Capital | 03/17/2017 |
| **Signature of Reporting Person | Date |
| /s/ Nathaniel H. August | 03/17/2017 |
| **Signature of Reporting Person | Date |
| /s/ Nathaniel H. August as director of Mangrove Partners | 03/17/2017 |
| **Signature of Reporting Person | Date |

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) This Form is being jointly filed by (1) The Mangrove Partners Master Fund, Ltd. (the "Master Fund"), (2) The Mangrove Partners Fund, L.P. (the "US Feeder"), (3) The Mangrove Partners Fund (Cayman), Ltd. (the "Cayman Feeder"), (4) Mangrove Partners, (5) Mangrove Capital and (6) Nathaniel August. Each of the foregoing is referred to as a "Reporting Person" and collectively as the "Reporting Persons."

(2) The shares which are the subject of this Form are held by the Master Fund. Beneficial ownership of the shares which is the subject of this Form is also claimed indirectly by (i) the US Feeder and the Cayman Feeder, which are the two controlling shareholders of the Master Fund, (ii) Mangrove Partners which serves as the investment manager of each of the Master Fund, the US Feeder and the Cayman Feeder, (iii) Mangrove Capital which serves as the general partner of the US Feeder, and (iv) Nathaniel August who is the principal of Mangrove Partners and Mangrove Capital.

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.