Alliance Holdings GP, L.P. Form 4 October 03, 2014

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Number:

Expires:

OMB APPROVAL

Washington, D.C. 20549

3235-0287 January 31,

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per 0.5

response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940

1(b).

units

(Print or Type Responses)

See Instruction

| 1. Name and AdDRUTEN R | erson * 2. Issuer Symbol | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|------------------------|-----------------------------|--|-----------------------------------|--------------|------------------|--|---|--------------|--|--|
| | | Alliance | Alliance Holdings GP, L.P. [AHGP] | | | | (Check all applicable) | | | |
| (Last) | (First) (M | iddle) 3. Date of | Earliest Tran | saction | | | | | | |
| | | (Month/D | ay/Year) | | | _X_ Director | | 6 Owner | | |
| 1717 SOUTI 400 | H BOULDER SU | ITE 10/01/20 |)14 | | | Officer (giv below) | ve title Oth below) | er (specify | | |
| | (Street) | 4. If Amer | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | Filed(Mon | Filed(Month/Day/Year) | | | | Applicable Line) | | | |
| TULSA, OK | 74055 | | ` ' | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) (Z | Zip) Table | e I - Non-Der | rivative S | ecurities A | equired, Disposed | of, or Beneficia | lly Owned | | |
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securit | ies | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Year) | Execution Date, if | TransactionAcquired (A) or | | | Securities | Form: Direct I | Indirect | | |
| (Instr. 3) | | any | | Disposed | ` ′ | Beneficially | (D) or | Beneficial | | |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 | 4 and 5) | Owned | Indirect (I) | Ownership | | |
| Commen | | | Code V | Amount | (A) or (D) Price | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) | | |
| Common | | | | | | 17,621 | D | | | |

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number on f 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) |
|---|---|---|--|---|--|--------------------|---|--|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom unit | <u>(2)</u> | 10/01/2014 | A | 557 | <u>(1)</u> | <u>(3)</u> | Common unit | 557 | <u>(3)</u> |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

DRUTEN ROBERT J

1717 SOUTH BOULDER SUITE 400 X

TULSA, OK 74055

Signatures

/s/ Robert J. Druten by Amber Blythe, pursuant to power of attorney dated April 22, 2013

10/03/2014

**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) The Phantom units are to be settled in AHGP common units upon the reporting person's death or termination.
- **(2)** 1 for 1
- (3) Not applicable

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.

Reporting Owners 2