FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol							Relationshi	5. Relationship of Reporting Person(s) to Issuer				
													(Check all ap	(Check all applicable)			
Dodderer Ar	nold				Su	noc	o LP [SUN]									
				3. Date of Earliest Transaction (MM/DD/YYYY)							Director	Director 10% Owner					
(Last) (First) (Middle)			J. L	5. Date of Latticst Hansaction (MIM/DD/1111)							_X_ Officer (gi	_X_ Officer (give title below) Other (specify below)					
0111 WEGECHECTED DDIVE GE 400					12/8/2023							GC & Asst. S	Sec.				
8111 WESTCHESTER DRIVE, STE 400					==, 0, = 0 = 0												
	(Stree	et)			4. I	f Am	endmei	nt, Date On	rigin	al File	d (MM/DI	D/YYY	Y) 6. Individual	or Joint/G	roup Filing ((Check Appl	icable Line)
DALLACT	V 75335																
DALLAS, TX 75225													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)											roim med by						
			Table l	I - Non-	Deri	ivati	ve Secu	rities Acq	uire	ed, Dis	sposed of	f, or 1	Beneficially Own	ed			
1.Title of Security				2. Trans. I				3. Trans. Co	de		rities Acqu					6.	7. Nature
(Instr. 3)				Execu		(Instr. 8)						Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Indirect Form: Beneficial		
				Date, if any				(Ilisti. 5, 4 and 5)			(Ilisti. 3 alid 4)	insu. 3 and 4)			Ownership		
											(A) o					or Indirect (I) (Instr.	(Instr. 4)
								Code	V	Amou		Pri	ce			(1) (Instr. 4)	
Common Units				12/8/202	23			A		12,000	(<u>1</u>) A	S	0		89,890	D	
			I		l l					12,000							
	Tabl	la II Dar	ivotivo	Soonrie	ios I	2ana	ficially	Owned (nute	olle we	rran	s, options, conve	etible seer	ritios)		
1 771 07								•	3 /	. /			, 1			1.0	
Title of Derivate Security	2. Conversion	3. Trans. Date	3A. Deer Execution			. Code 5. Num Derivat		er of e Securities					e and Amount of ities Underlying	8. Price of Derivative	Number of derivative	10. Ownership	Nature of Indirect
(Instr. 3)	or Exercise		Date, if a			Acquired							ative Security	Security Security	Securities	Form of	Beneficial
	Price of Derivative					Disposed		of (D) 4 and 5)		(Inst			3 and 4)		Beneficially Owned	Derivative Security:	Ownership (Instr. 4)
	Security					(111301. 3,		+ and 3)							Following	Direct (D)	(111301. 4)
									Date	,	Expiration		Amount or Number of	1	Reported Transaction(s)	or Indirect	
				С	ode	v	(A)	(D)		rcisable		Title	Shares		(Instr. 4)	(1) (Instr. 4)	
						1 1											

Explanation of Responses:

(1) Grant of restricted phantom units awarded under the terms of the Sunoco LP 2018 Long Term Incentive Plan, as amended, that will vest 60% on 12/5/2026 and 40% on 12/5/2028 generally contingent upon the continued employment of the reporting person on each applicable vesting date.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Dodderer Arnold								
8111 WESTCHESTER DRIVE, STE 400			GC & Asst. Sec.					
DALLAS, TX 75225								

Signatures

Peggy J. Harrison, Attorney-in-Fact for Mr. Dodderer

**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 control number.