### Edgar Filing: CEDAR FAIR L P - Form 4

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Form 4	IKLP										
March 12, 2	2014										
FORM	<b>14</b>						NOD		т	PPROVAL	
	UNITEL	) STATES		RITIES A shington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check the if no lor subject Section Form 4	nger <b>STATE</b> to <b>STATE</b> 16.	MENT O	T OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated burden hou	Expires: January 31 2005 Estimated average burden hours per response 0.5	
Form 5 obligation may corn <i>See</i> Inst 1(b).	ons Section 17 ntinue. ruction	(a) of the	Public U		ling Cor	npan	y Act	ge Act of 1934, of 1935 or Sectio 940			
(Print or Type	Responses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol CEDAR FAIR L P [FUN]				ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		f Earliest Tr	_	-		(Che	ck all applicabl	e)	
			(Month/Day/Year) 03/10/2014					Director 10% Owner X Officer (give title Other (specify below) Chief Operating Officer			
	(Street)			endment, Da nth/Day/Year	-	1		6. Individual or J Applicable Line)	-	-	
SANDUSK	XY, OH 44870							_X_ Form filed by Form filed by Person	One Reporting P More than One R		
(City)	(State)	(Zip)	Tab	le I - Non-D	<b>)</b> erivative	Secur	ities A	cquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year	) Executio any		3.4. Securitiesate, ifTransactionAcquired (A) or CodeCodeDisposed of (D)		or ))	Securities Beneficially Owned	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Units of				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Limited Partner Interest	03/10/2014			А	5,434	А	<u>(1)</u>	81,906	D		

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.

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and of Underly: Securities (Instr. 3 and	ing
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
call options to purchase limited partnership units	\$ 36.95					(2)	02/26/2023	Units of Limited Partner Interest	32,929
call options to purchase limited partnership units	\$ 29.53					<u>(3)</u>	03/27/2022	Units of Limited Partner Interest	21,597
Phantom Units	<u>(4)</u>					03/03/2014(5)	03/03/2015(5)	Units of Limited Partner Interest	1,437

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Zimmerman Richard ONE CEDAR POINT DRIVE SANDUSKY, OH 44870			Chief Operating Officer				
Signatures							
Richard A.	12/2014						

Zimmerman 03/12/2014 \*\*Signature of Reporting

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) These units were granted pursuant to the Partnership's 2008 Omnibus Incentive Plan.
- (2) Options vest at a rate of 33% per year on each anniversary date, beginning on February 26, 2014.
- (3) Options vest at a rate of 33% per year on each anniversary date, beginning on March 27, 2013.
- (4) Each phantom unit is the economic equivalent of one limited partner unit in Cedar Fair, L.P.
- (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.