#### Edgar Filing: SMITHART-OGLESBY DEBRA - Form 5

SMITHART-OGLESBY DEBRA Form 5 Februar FOF

February 14, 2	018					
FORM	5				OMB AF	PROVAL
Check this be no longer sul	UNIT ox if oject	TED STATES	OMB Number: Expires:	3235-0362 January 31, 2005		
to Section 16 Form 4 or Fo 5 obligations may continue See Instruction	orm	ANNUAL ST	CATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES	Estimated a burden hour response	•	
1(b).	File <sup>ings</sup> Section	n $17(a)$ of the	Section 16(a) of the Securities Exchang Public Utility Holding Company Act of of the Investment Company Act of 19	of 1935 or Section	l	
1. Name and Address of Reporting Person <u>*</u> SMITHART-OGLESBY DEBRA			2. Issuer Name <b>and</b> Ticker or Trading Symbol CEDAR FAIR L P [FUN]	5. Relationship of I Issuer	Reporting Pers	
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/14/2018	X Director Officer (give t	itle 10%	Owner or (specify
ONE CEDAR	POINT D	ORIVE		below)	below)	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	nt/Group Repo	C

### SANDUSKY, OHÂ 44870

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(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. Securi Acquired Disposed (Instr. 3, Amount	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Units of Limited Partner Interest	Â	Â	Â	Â	Â	Â	15,560 <u>(1)</u>	D	Â	

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

Persons who respond to the collection of information SEC 2270 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)

(9-02)

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)	5	ate	7. Title and of Underlyi Securities (Instr. 3 and	ving	8. Price o Derivativ Security (Instr. 5)
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Units of Limited Partner Interest	Â	Â	Â	Â	ÂÂ	( <u>3)</u>	( <u>3)</u>	Units of Limited Partner Interest	3,813 (4)	Â

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# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
	Director	10% Owner	Officer	Other			
SMITHART-OGLESBY DEBR ONE CEDAR POINT DRIVE SANDUSKY, OH 44870 Signatures		Â	Â	Â			
•							
Debra 02/1 Smithart-Oglesby	14/2018						
<u>**</u> 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) During the fiscal year under the Cedar Fair, L.P. Distribution Reinvestment and Employee Unit Purchase Plan, 1,047 units were acquired at prices ranging from \$63.40 to \$71.30. These transactions are exempt under rule 16a-11.
- (2) Represents phantom units acquired by the reporting person (in an exempt transaction) as deferred compensation pursuant to the Partnership's omnibus plan. Each phantom unit is the economic equivalent of one limited partner unit in Cedar Fair, L.P.
- (3) These phantom units are payable in units or a combination of cash and units when the individual's service to the Partnership ends.
- (4) During the fiscal year, 97 units were accrued on these phantom units as a result of distribution reinvestment.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.