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Form 4											
March 29, 2	ЛЛ									PPROVAL	
	UNITED	STATES		RITIES A shington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check t if no lor subject Section Form 4	is box ger STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 6. SECURITIES							burden hou	Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(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									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Ouimet Matthew A			2. Issuer Name and Ticker or Trading Symbol CEDAR FAIR L P [FUN]				ıg	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)	3. Date o	f Earliest Ti	ransaction			(Chec	ck all applicabl	e)	
ONE CEDAR POINT DR.			(Month/Day/Year) 03/27/2012					Director 10% Owner X Officer (give title Other (specify below) below) President & CEO			
	(Street)			endment, Da nth/Day/Year	-	l		6. Individual or Jo Applicable Line)			
SANDUSH	KY, OH 44870							_X_ Form filed by 0 Form filed by N Person	Aore than One R		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securi	ities Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (D) (Instr. 3, 4	sposed	of	Securities Beneficially Owned Following Reported	6. 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	Transaction(s) (Instr. 3 and 4)			
Limited Partner Interest	03/27/2012			А	28,784	А	<u>(5)</u>	46,083	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)

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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Date (Month/Day/Year	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Am of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nu of S	
call options to purchase limited partnership units	\$ 29.53	03/27/2012		А	86,387	<u>(1)</u>	03/27/2022	Units of Limited Partner Interest	86	
Phantom Units	(2)					06/20/2014 <u>(3)</u>	06/20/2015 <u>(3)</u>	Units of Limited Partner Interest	57	
Phantom Units	(2)					03/03/2014(4)	03/03/2015 <u>(4)</u>	Units of Limited Partner Interest	26	

Reporting Owners

Reporting Owner Name / Address	Relationships						
, of the second s	Director	10% Owner	Officer	Other			
Ouimet Matthew A ONE CEDAR POINT DR. SANDUSKY, OH 44870			President & CEO				
Signatures							

Signatures

/s/ Stacy L. 03/29/2012 Frole, POA 03/29/2012

**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) Options vest at a rate of 33% per year on each anniversary date, beginning on March 27, 2013.

(2) Each phantom unit is the economic equivalent of one limited partner unit in Cedar Fair, L.P.

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- (3) This award vests in two equal installments on June 20, 2014 and 2015, respectively, assuming the grantee continues to be employed with the Company.
- (4) This award vests in two equal installments on March 3, 2014 and 2015, respectively, assuming the grantee continues to be employed with the Company.
- (5) These units were granted pursuant to the Partnership's 2008 Omnibus Incentive Plan.

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.