FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OI	MВ	AP	PR	O	/Α

	OMB Number:	3235-0287
	Estimated average burden	
1	hours per response:	0.5

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

(State)

(Zip)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ense conditions of Rule Instruction 10.					
1. Name and Add	dress of Reporting Perary D.	rson *	2. Issuer Name and Ticker or Trading Symbol TXO Partners, L.P. [TXO]	Relationship of Reporting Pers (Check all applicable) Director	con(s) to Issuer	
(Last) 400 W 7TH S	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/31/2025	X Officer (give title below) President, Prod &	Other (specify below) & Development	
(Street) FORT WORT	тн тх	76102	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing X Form filed by One Report Form filed by More than	,	

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)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	mount (A) or Price (D)		Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Units	01/31/2025		A		52,770(1)	A	\$0	231,480	D	
Common Units	01/31/2025		A		8,090(2)	A	\$0	239,570	D	

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	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		n Derivative		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses:

- 1. Reflects phantom units. Each phantom unit is the economic equivalent of one common unit of the Issuer and will be settled in common units upon vesting. The phantom units will vest in three substantially equal installments beginning on January 31, 2026.
- 2. Reflects performance units. Each performance unit is the economic equivalent of one common unit of the Issuer and will be settled in common units upon vesting. The performance units will vest in two substantially equal installments beginning on January 31, 2026.

Remarks:

(City)

The Reporting Person is a President, Production and Development of TXO GP, LLC, the general partner of the the Issuer (the "General Partner"). The Issuer is managed by the directors and executive officers of the General Partner.

/s/ Brent W. Clum, Attorney-infact 02/04/2025

** 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 Number.