FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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*  GARY HUNTER CLARK				Requiring Statement (Month/Day/Year)  CVR PARTNERS, LP [ UAN ]						
(Last) (First) (Middle) C/O CVR PARTNERS, LP					Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
COCVRE	AKINEKS, L	iP			X Director	10% Owne	er			
2277 PLAZA DRIVE, SUITE 500			_		Officer (give title below)	Other (spe below)	· 1 ·	Individual or Join pplicable Line)	t/Group Filing (Check	
(Street)								X Form filed b	y One Reporting Person	
SUGAR LAND	TX	77479						Form filed b Reporting P	y More than One Person	
(City)	(State)	(Zip)								
			Table I - Non	-Derivativ	ive Securities Beneficia	ally Owned				
1. Title of Sec	curity (Instr. 4)		Table I - Non	2.	ve Securities Beneficia  Amount of Securities eneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (In	Nature of Indirect str. 5)	Beneficial Ownership	
1. Title of Sec	curity (Instr. 4)		Table II - D	2. Be	. Amount of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	et (D) (In (I)		Beneficial Ownership	
	curity (Instr. 4)	(Instr. 4)	Table II - D	2. Berivative S, warrar	Amount of Securities eneficially Owned (Instr. 4) e Securities Beneficially nts, options, convertib	3. Ownersh Form: Direct or Indirect (Instr. 5) y Owned le securities	et (D) (In (I)	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Hunter C. Gary 10/04/2018

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).