

PEUGH DAVID B
Form 3
October 10, 2002

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**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

FORM 3

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

**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 30(h) of the Investment Company Act of 1940**

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| <p>1. Name and Address of Reporting Person* <i>(Last, First, Middle)</i></p> <p>Peugh, David B.</p> <hr/> <p>CityPlace One, Suite 300</p> <p align="center"><i>(Street)</i></p> <p>St. Louis, MO 63141</p> <p align="center"><i>(City) (State)</i> <i>(Zip)</i></p> | <p>2. Date of Event Requiring Statement <i>(Month/Day/Year)</i></p> <p>See note (1)</p> <hr/> <p>4. Issuer Name and Ticker or Trading Symbol</p> <p>NATURAL RESOURCE PARTNERS L.P.; NRP</p> <hr/> <p>6. If Amendment, Date of Original <i>(Month/Day/Year)</i></p> <p>-----</p> <hr/> | <p>3. I.R.S. Identification Number of Reporting Person, if an entity <i>(voluntary)</i></p> <p>-----</p> <hr/> <p>5. Relationship of Reporting Person(s) to Issuer <i>(Check All Applicable)</i></p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <i>(give title below)</i> <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other <i>(specify below)</i></p> <hr/> <p>7. Individual or Joint/Group Filing <i>(Check Applicable Line)</i></p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p> |
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* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

Table I Non-Derivative Securities Beneficially Owned

| 1. Title of Security <i>(Instr. 4)</i> | 2. Amount of Securities Beneficially Owned <i>(Instr. 4)</i> | 3. Ownership Form: Direct (D) or Indirect (I) <i>(Instr. 5)</i> | 4. Nature of Indirect Beneficial Ownership <i>(Instr. 5)</i> |
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|--|--|---|--|

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|--------------------|---|------|-------|
| No securities held | 0 | ---- | ----- |
|--------------------|---|------|-------|
