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

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

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)											
1. Name and Address of R HORIZON KINETIC MANAGEMENT LL	2. Issuer Name and Ticker or Trading Symbol TEXAS PACIFIC LAND TRUST [TPL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX 10% Owner Officer (give title below) Other (specify below)				
(Last) 470 PARK AVENUE SOUTH	3. Date of Earliest Transaction (Month/Day/Year) 01/13/2020										
NEW YORK, NY 10	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Ta	able I - No	n-De	erivative S	Securit	ies Acqui	red, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)	Date Exec (Month/Day/Year)		· · · · · · · · · · · · · · · · · · ·	xecution Date, if Code (Annual Code (Instr. 8)				l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership
			(Wonui, Day/ Teal)	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	*
Common Stock		01/13/2020		Р		150	А	\$ 804.90	316,083 (1)	D	

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 1474 (9-02) 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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	on	Numb	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur		s		(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqui				4)			0	Direct (D)	
						(A) 01							1	or Indirect	
						Dispo							Transaction(s)		
						of (D)						(Instr. 4)	(Instr. 4)		
						·	Instr. 3, , and 5)								
					·	4, and	(5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
HORIZON KINETICS ASSET MANAGEMENT LLC 470 PARK AVENUE SOUTH 4TH FLOOR SOUTH NEW YORK, NY 10016		Х					

# Signatures

/s/Jay Kesslen	01/14/2020	
**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) This figure excludes approximately 1,469,913 shares (as of 07/30/19) for which the Investment Manager does not have a pecuniary interest and also excludes shares purchased by portfolio managers and other employees of the firm for their personal accounts.

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.