FORM 4

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

OMB APPROVAL
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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).

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 Ty | pe Response | s) | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|--|--|-------------|---|--|----------------------------------|--|---|--|--|---|---------------------------------------|---|-------|-----------|
| 1. Name and Address of Reporting Person* HORIZON KINETICS ASSET MANAGEMENT LLC | | | | | 2. Issuer Name and Ticker or Trading Symbol TEXAS PACIFIC LAND TRUST [TPL] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Other (specify below) | | | | | | |
| (Last) (First) (Middle) 470 PARK AVENUE SOUTH, 4TH FLOOR SOUTH | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2020 | | | | | | | | | | | | | | |
| (Street) NEW YORK, NY 10016 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | cquir | ired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i) any (Month/Day/Yea | | if | Code (Instr. 8) | | | 4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5) (A) or Amount (D) P. | | of (1 5) | D) | Reported Transaction(s) (Instr. 3 and 4) Form Director Indication (I) | | Ownershi Form: Direct (D or Indirect | p of Be Ov | Nature Indirect eneficial wnership astr. 4) | | |
| Common Stock 10/16/2020 | | | | P 14 A \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | D (11) | | | | | | | | | | |
| Reminder: 1 | Report on a s | separate line f | or each class of secu | · Deriv | ative Secu | ıriti | es Ac | quire | Person the | sons what ained in form disposed | no responding this is splays | form a cu Benef | n are urren iicially | not requ tly valid | OMB conf | formation spond unle trol numbe | ss | C 147 | 74 (9-02) |
| 1 77'4 6 | 2 | 2 75 4 | 24.5 | | outs, calls, | | | ts, op | | | | | | 1 1 | 8. Price of | 0.31 1 | C 10 | | 11 27 / |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day | Execution D | ate, if | Code | on 1 () () () () () () () () () (| of Deriv | and Expiration Date (Month/Day/Year) wative rities uired or oosed D) r. 3, | | Amou Unde Secur | ount of derlying urities str. 3 and Deriv. | | 9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Owne Form Derive Securi Direct or Ind | of vative rity: et (D) direct | Beneficia | | | |
| | | | | | Code | V | (A) | (D) | Dat Exe | | Expirat Date | tion | Title | Amount or Number of Shares | | | | | |

Reporting Owners

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

Signatures

| /s/Jay Kesslen | 10/19/2020 |
|---------------------------------|------------|
| **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) The amount reported as held following the transaction excludes approximately 1,338,000 shares as of October 15, 2020 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.