

## Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

### Part I Reporting Issuer

<b>1</b> Issuer's name		<b>2</b> Issuer's employer identification number (EIN)	
SEADRILL PARTNERS LLC		66-0789360	
<b>3</b> Name of contact for additional information	<b>4</b> Telephone No. of contact	<b>5</b> Email address of contact	
JOHN ROCHE	+44 20 8811 4700	IR@SEADRILL.COM	
<b>6</b> Number and street (or P.O. box if mail is not delivered to street address) of contact		<b>7</b> City, town, or post office, state, and Zip code of contact	
2ND FLOOR, BUILDING 11, CHISWICK BUSINESS PARK, 566 CHISWICK HIGH RD		LONDON, W4 5YS, UNITED KINGDOM	
<b>8</b> Date of action		<b>9</b> Classification and description	
SEE PART II, LINE 14		UNITS	
<b>10</b> CUSIP number	<b>11</b> Serial number(s)	<b>12</b> Ticker symbol	<b>13</b> Account number(s)
Y7545W109		SDLP	

### Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

**14** Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ DURING CALENDAR YEAR 2016, SEADRILL PARTNERS LLC DECLARED AND PAID THE FOLLOWING DISTRIBUTIONS TO ITS UNIT HOLDERS, OF WHICH 73.16% SHOULD BE TREATED AS A RETURN OF CAPITAL:

EX-DIVIDEND	RECORD	PAYMENT	TOTAL DISTRIBUTION
DATE	DATE	DATE	PER UNIT
2/3/2016	2/5/2016	2/12/2016	\$0.2500
5/4/2016	5/6/2016	5/13/2016	\$0.2500
8/3/2016	8/5/2016	8/12/2016	\$0.1000
11/3/2016	11/7/2016	11/14/2016	\$0.1000

**15** Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ SEADRILL PARTNERS LLC DETERMINED THAT THE DISTRIBUTIONS DESCRIBED ABOVE SHOULD BE TREATED IN PART AS A TAXABLE DIVIDEND AND IN PART AS A RETURN OF CAPITAL THAT WOULD REDUCE THE BASIS OF THE UNIT HOLDERS' STOCK. TO THE EXTENT THAT THE RETURN OF CAPITAL EXCEEDS THE TAX BASIS OF THE SHAREHOLDERS' UNITS, IT SHOULD BE TREATED AS A CAPITAL GAIN.

EX-DIVIDEND	RECORD	PAYMENT	TOTAL DISTRIBUTION	TAX DIVIDEND	RETURN OF CAPITAL
DATE	DATE	DATE	PER UNIT	PER UNIT	PER UNIT
2/3/2016	2/5/2016	2/12/2016	\$0.25	\$0.0671	\$0.1829
5/4/2016	5/6/2016	5/13/2016	\$0.25	\$0.0671	\$0.1829
8/3/2016	8/5/2016	8/12/2016	\$0.10	\$0.0268	\$0.0732
11/3/2016	11/7/2016	11/14/2016	\$0.10	\$0.0268	\$0.0732

**16** Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ THE DISTRIBUTIONS DECLARED AND PAID (AS DESCRIBED ABOVE) WERE TREATED AS A RETURN OF CAPITAL TO THE EXTENT THAT THEY EXCEEDED CURRENT AND ACCUMULATED EARNINGS AND PROFITS.

**Part II** Organizational Action (continued)

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC §§ 301, 316

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**18** Can any resulting loss be recognized? ▶ N/A

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**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

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**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ A SIGNED COPY IS MAINTAINED BY THE ISSUER. Date ▶ \_\_\_\_\_

Print your name ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	