FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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. 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) 09/25/2020 | | | | | | | | | | | | |
| (Street) NEW YORK, NY 10016 | | | 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 Acqu | | | | | | Acquii | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, if any (Month/Day/Year | | (Instr. 8) | | (A) or Disposed of | | sed of | (D) Beneficia | | ant of Securities ally Owned Following d Transaction(s) and 4) | | Ownership Form: Direct (D) | Beneficial Ownership | | |
| | | | | | | Code | , | V Amou | nt (A) | | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock 09/25/2020 | | 09/25/2020 | | | P | | 14 | A | \$ | \$ 451 | 276,943 | (1) | | D | | |
| Reminder: | Report on a s | separate line fo | | Derivative Secu | ıritie | es Acqu | Pe co the | ersons wontained e form d | ho res in this isplay | forns a c | n are urren | not requ tly valid | | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of | 2 | 3. Transaction | | e.g., puts, calls, | war 5 | | | • | | | | tle and | 8 Price of | 9. Number o | of 10. | 11. Nature |
| Derivative Security | Conversion or Exercise Price of Derivative Security | | Execution Da Year) any | te, if Transactic Code (Instr. 8) | on N o I S A (A I I o (I I o (I I I I I I I I I I I I I | | ar (N | and Expiration Date (Month/Day/Year) Am Und Sec | | Amo Unde Secur (Instr | unt of erlying | | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | hip of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | V (| (A) (E | E | ate xercisable | Expire Date | ation | 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 | 09/28/2020 |
|---------------------------------|------------|
| **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 1,411,654 shares as of June 12, 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.