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

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

| Name and Address of Reporting Person* Leonard Colin | | | | | Sma | 2. Issuer Name and Ticker or Trading Symbol Smart Sand, Inc. [SND] | | | | | | | | | | ionship of Reporting F all applicable) Director | | | Person(s) to Issuer | |
|--|--|---------|----------|--|---|--|---|-----|--|----------|--------------------|--|-----------------|---------|---|---|--|---|---|--|
| (Last) | (Fin | , | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2017 | | | | | | | | | | Officer (give title below) | | | Other below) | (specify |
| C/O CLEARLAKE CAPITAL GROUP, L.P. 233 WILSHIRE BLVD., SUITE 800 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) SANTA MONICA | C.A | 9 | 0401 | | | | | | | | | | | | X | | filed by Mor | | Ü | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | //Year) | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A d Of (D) (Instr. 3, | | | 3, 4 and 8 | | 5. Amount of Securities Beneficially Owned Following | | vnership n: Direct r ect (I) r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | Amount | | (A) or (D) | Price | e | Reported Transaction(s) (Instr. 3 and 4) | | (iiisti | | (111541. 4) | | | | |
| Common Stock, par value \$0.001 per share 03/30/20 | | | | | 017 | | | Α | | 4,997(1) |)(2) | A | \$0.00 | | 4,997(3) | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | str. | | | derivative Securities Beneficially | | 0. Iwnership orm: irect (D) r Indirect) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | nber | | | | | | |

Explanation of Responses:

- 1. The shares are held of record by Mr. Leonard for the benefit of Clearlake Capital Partners II (Master), L.P.
- $2. \ Represents \ shares \ of \ restricted \ stock \ granted \ pursuant \ to \ Smart \ Sand, \ Inc.'s \ 2016 \ Long-Term \ Incentive \ Plan, \ which \ vest \ over \ four \ years \ following \ March \ 30, \ 2017, \ the \ date \ of \ grant.$
- 3. Mr. Leonard expressly disclaims beneficial ownership of the reported shares.

Remarks:

<u>/s/ Colin Leonard</u> <u>04/03/2017</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.