FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHAN	IGES IN BENEFICIAL	OWNERSHIP

OMB APPRO	VAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								
	OMB Number: Estimated average burde								

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

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

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Da		Transaction Code (Instr. 8)				Expiratio (Month/D			Secu Unde Deriv Secu	Amount of Securities Underlying Derivative Security (Instr and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	or Indirect (I) (Instr. 4	of Indirect Beneficial Ownership (Instr. 4)		
1. Title of	2.	3. Transaction	3A. Deem	e.g., p	uts, c	alls,	, wa	rrants, o	option 6. Date E	S, Co	onvertib	le se	ecurit		y Owned	9. Number o		11. Nature		
Common Units 11					1/02/2005				S		369(5))	D	\$26	.55 3	305,094	D			
Common Units 1				11/02/2005					S		553 ⁽³⁾)	D	\$26	.45 3,3	305,463 ⁽⁴⁾	D			
Common Units 1				11/02	11/02/2005						921(1))	D	\$26	3,3	306,016 ⁽²⁾	D			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ay/Year) Execu		emed tion Date, n/Day/Year)	3. Transaction Code (Instr. 8)		4. Securit Disposed 5)	I Of (D)	es Acquired (A) Of (D) (Instr. 3, 4 (A) or (D) Pri		nd Secu Bene Own Repo Trans	nount of rities ficially ed Following orted saction(s) : 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Tabl	e I - No	n-Deri\	ative	Sec	curit	ies Acq	uired,	Dis	posed o	f, or	Ben	efici	ally Own	ed				
(City)	(S	tate) (Zip)																	
(Street) MURRAY HILL NJ 07974															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
ROOM 7D-523					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Last) 600 MOI	ust) (First) (Middle) 0 MOUNTAIN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 11/02/2005										,		,		
<u>Trust</u>						2. Data of Fadicat Transaction (Month/Day/Voor)									Offi belo	cer (give title	Othe belo	r (specify w)		
Name and Address of Reporting Person* Lucent Technologies Inc. Master Pension						2. Issuer Name and Ticker or Trading Symbol DORCHESTER MINERALS LP [DMLP]									Check all ap		ng Person(s) to $ m_{X}$ 10%	Owner		

Explanation of Responses:

- 1. Reporting Person was actually allocated 921.5 common units at \$26.05 (out of total 1,843 common units sold in three transactions on 11/02/05 as reported herein)
- 2. After allocation in footnote 1, common units owned by the Reporting Person would have been 3,306,015.5
- $3. \ Reporting \ Person \ was \ actually \ allocated \ 552.9 \ common \ units \ at \$26.45 \ (out \ of \ total \ 1,843 \ common \ units \ sold \ in \ three \ transactions \ on \ 11/02/05 \ as \ reported \ herein)$
- 4. After allocation in footnote 3, common units owned by the Reporting Person would have been 3,305,462.6
- $5. \ Reporting \ Person \ was \ actually \ allocated \ 368.6 \ common \ units \ at \$26.55 \ (out \ of \ total \ 1,843 \ common \ units \ sold \ in \ three \ transactions \ on \ 11/02/05 \ as \ reported \ herein)$

Eli Krupnik, Atty in Fact 11/04/2005

** Signature of Reporting Person

Doto

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.