Edgar Filing: STAR GAS PARTNERS LP - Form 4

STAR GAS P Form 4		ĹP										
May 12, 2016										OMB AF	PROVAL	
FORM	UNITE	CD STATES				ND EXC D.C. 205		NGE CO	MMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or					SES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31 2005Estimated average burden hours per response0.5	
obligations may contir <i>See</i> Instruc 1(b).	Section	17(a) of the		lity Ho	oldi	ng Com	pany	Act of 1	Act of 1934, 935 or Section			
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person * 2. Issuer N AMBURY RICHARD Symbol STAR GA								5 Is	5. Relationship of Reporting Person(s) to Issuer			
(Last) 9 WEST BRO 310	(First)	(Middle)	3. Date of 1 (Month/Da 05/12/20	y/Year)		nsaction			Director _X Officer (give t elow)) Owner r (specify	
(Street) 4. If Amend Filed(Month				th/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
STAMFORD	, CT 06902							P	_ Form filed by Mo erson	ore than One Rej	porting	
(City)	(State)	(Zip)	Table	I - Non	-De	rivative S	ecuri	ties Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	(ear) Executi any	emed ion Date, if /Day/Year)	Code (Instr.	8)	4. Securi n(A) or Di (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
COMMON UNITS	05/12/2016			Р		2,000	А	\$ 8.7488	23,890	D		

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

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	of		5		Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships								
F8		Director	10% Owner	Officer	Other					
AMBURY RICHARD 9 WEST BROAD STREET, SU STAMFORD, CT 06902	Л ТЕ 3 10			CFO						
Signatures										
/s/ RICHARD F. AMBURY	05/12/20)16								
<u>**</u> 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).

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.