## Edgar Filing: STAR GAS PARTNERS LP - Form 4/A

STAR GAS	PARTNERS	LP									
Form 4/A											
June 03, 201											
FORM	Л 4		a an an				NOD		OMB AF	PPROVAL	
	UNIII	ED STATE		RITIES A shington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check th if no lon	ngar								Expires:	January 31, 2005	
subject t		EMENT O	OF CHAN	NGES IN BENEFICIAL OWNERSHIP O					Estimated average		
Section	16.			SECUR	SECURITIES					rs per	
Form 4 Form 5			<b>a</b>		a .				response	0.5	
obligatio	0.000	<b>^</b>					•	e Act of 1934,			
may con				•	•	· ·	•	f 1935 or Section	1		
See Inst	ruction	50(fi	) of the fi	ivestment	Compar	IY AC	1 01 192	+0			
1(b).											
(Print or Type	Responses)										
1. Name and	Address of Report	ting Person <sup>*</sup>	2. Issue	r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to			
Goldman Steven Jay Symbol				-				Issuer			
				GAS PAR	RTNERS	LP [	sgu]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date o	f Earliest Ti	ransaction			(Check	k all applicable	)	
			(Month/I	Day/Year)				Director		Owner	
	GAS PARTN		05/31/2	2013				X Officer (give below)	title Other below)	er (specify	
L.P., 2187	ATLANTIC S	TREET						· · · · · · · · · · · · · · · · · · ·	ve Vice Preside	ent	
	(Street)		4. If Am	endment, Da	ate Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
				nth/Day/Yea	-			Applicable Line)			
			05/31/2	.013				_X_ Form filed by C			
STAMFOR	RD, CT 06902							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Execution	ion Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Beneficially Owned	(D) or Indirect (I)	Beneficial	
		(Iviontii/	Dayrieal) (Ilisti. 8)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported			
						or		Transaction(s)			
				Code V		(D)	Price	(Instr. 3 and 4)			
common units	05/31/2013			Р	4,000 (1)	А	\$ 4.846	12,000	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				Relationships			
	Director	10% Owner	Officer	Other			
Goldman Steven Jay C/O STAR GAS PARTN 2187 ATLANTIC STRE STAMFORD, CT 06902	ET			Executive Vice President			
Signatures							
Steven J. Goldman	06/03/20	13					
<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).
- (1) This amended Form 4 is being filed to correct a typographical error in the original Form 4 filing with respect to the transaction code and to confirm that the Reporting Person engaged in only one transaction in the common units on May 31, 2013- a purchase of 4,000 units.

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.