AMERIGAS PARTNERS LP

Form 4

December 11, 2014

FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION
. 0111111 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

OMB 3235-0287 Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Washington, D.C. 20549

Form 5 obligations may continue. See Instruction

Check this box

if no longer

Section 16.

Form 4 or

subject to

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Cane Robert J			2. Issuer Symbol	r Name an	d Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
			AMERI	IGAS PA	ARTNERS LP [APU]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction				
			(Month/D	Day/Year)		Director	10%	Owner	
460 NORTH GULPH ROAD			09/30/2	014		_X_ Officer (give below)	e title Other below)	er (specify	
						Chief A	Accounting Offi	cer	
(Street)			4. If Ame	endment, D	ate Original	6. Individual or Joint/Group Filing(Check			
		Filed(Mor	nth/Day/Yea	nr)	Applicable Line)				
					X Form filed by One Reporting Person Form filed by More than One Reporting				
KING OF PRUSSIA, PA 19406						Person			
(City)	(State)	(Zip)	Tabl	le I - Non-	Derivative Securities Acq	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	med	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature	
Security	(Month/Day/Year	e) Execution	on Date, if	Transact	ion(A) or Disposed of (D)	Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	(D) or	Beneficia	

		14.01			~~~~		an ca, Disposea o	i, or beliefferen	., 0
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi		*	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	· /		5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership
					(A) or	ъ.	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
APU			Code V	Amount	(D)	Price			
Common Units	09/30/2014		M	500	A	\$ 0	1,570	D	
APU Common Units	09/30/2014		F(1)	152	D	\$ 45.62	1,418	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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. Transactic Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Units	\$ 0	09/30/2014	M	500	<u>(2)</u>	09/30/2014	APU Common Units	500	:

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Cane Robert J

460 NORTH GULPH ROAD KING OF PRUSSIA, PA 19406

Chief Accounting Officer

Signatures

/s/ Jessica A. Milner, Attorney-in-Fact for Robert J. Cane

12/11/2014

**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 units were withheld by the issuer to satisfy the officer's income tax liability associated with the vesting of an award made in 2011.
- (2) Each Phantom Unit represents the right of the reporting person to receive an APU Common Unit after three years, subject to continued employment.

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.

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