FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 1.0 | | | | | |

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

Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| 1. Name and Address of Reporting Person* AMBURY RICHARD | | | | 2. Issuer Name and Ticker or Trading Symbol STAR GAS PARTNERS LP [SGU] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|---|---|--|-------|---|---|--------------------|---------|---|--|--|--------------------------|---|--|--|
| (Last) | (Fir | • | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) $12/31/2010$ | | | | | | y/Year) | X | X Officer (give title Other (specify below) | | | | | |
| 2187 AT | 4. If Amandment, Date of Original Filed (Month (Davi)) (1-1) | | | | | | .or) 6 | CFO | | | | | | | | | |
| (Street) | 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 Form filed by More than One Reporting | | | | | | | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | Person | | | | | | |
| | | Tab | le I - Non-Deriv | ative Secu | ıritie | s Acc | quire | d, Dis | posed o | of, or | Benefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5 | | | | | | ies | 6. Ownership Form: | | 7. Nature of Indirect Beneficial | |
| | | (MOIIIII/Day/Teal) | | | | | Amou | | (A) or (D) | | | Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | | | Ownership (Instr. 4) | |
| Common Units | | | 02/12/2010 | | P5 | | 5 | 22 | 28(1) | A | \$4.25 | | 13,586 | | D | | |
| Common Units | | | 05/14/2010 | | P5 | | 5 | 18 | 35(1) | A | \$4.4 | | 13,771 | | D | | |
| Common Units | | | 08/13/2010 | | P5 | | 5 | 22 | 27(1) | A | \$4.4 | | 13,998 | | D | | |
| Common Units | | | 11/12/2010 | | P5 | | 5 | 19 | 2(1) | A | \$5.27 | 7 | 14,190 | | | D | |
| | | Ta | able II - Derivat (e.g., p | ive Securi uts, calls, | | | | | | | | | wned | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, | 4. Transaction Code (Instr. | 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) | | | | 8. Price of Derivati Security (Instr. 5 | | derivative tive Securities ty Beneficial | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownershi | |
| | | | | | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amoun or Number of Shares | r | | | | | |

Explanation of Responses:

1. This Form 5 is being submitted after the due date because the Common Units were inadvertently purchased for the Reporting Person pursuant to an automatic brokerage distribution reinvestment program without his knowledge.

> Richard F. Ambury 11/28/2011

** 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.