FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF C	CHANGES	IN BENEFIC	IAL C	<b>DWNERSHIF</b>	)

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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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

Name and Address of Reporting Person*     Hammond Jeffrey S					2. Issuer Name <b>and</b> Ticker or Trading Symbol STAR GROUP, L.P. [ SGU ]								Check	tionship of Reportin all applicable) Director Officer (give title		10% (		
(Last) (First) (Middle) C/O STAR GROUP, L.P. 9 WEST BROAD STREET, SUITE 310						3. Date of Earliest Transaction (Month/Day/Year) 02/13/2020									X	belov		)
(Street) STAMFORD CT 06902 (City) (State) (Zip)				4. If	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 Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Dat		n Date,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu Bene		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)		
Common Units 02/13/2				/2020	2020 P 5,000 A		\$9.3	.106 5,000		D								
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)	tive Conversion or Exercise (Month/Day/Year)  Pice of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Month/Day/Year)  System 1  Execution Date, if any (Month/Day/Year)  System 2  Execution Date, if any (Month/Day/Year)  System 2  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)		n of	rities ired r osed ) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Date Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 

Remarks:

/s/ Jeffery S. Hammond 02/14/2020

\*\* 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.