FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPRO	VAL						
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  LUBAR SHELDON B					2. Issuer Name and Ticker or Trading Symbol STAR GAS PARTNERS LP [ SGU ]									(Ch	Relationsheck all ap	plicable)	ng Person(s) to Issuer		
(Last)	(Fi	rst) (I	Middle)		3. Date of Earliest Transaction (Mon 02/15/2011							/Day/Year)				cer (give title ow)	Other below	(specify )	
700 NORTH WATER ST SUITE 1200						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) MILWAU	JKEE W	I 5	3202											- 1	X Forr	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Si	ate) (a	Zip)																
		Tabl	e I - N	lon-Deriv	ative S	Secu	ırities	Acc	uired, D	isp	osed of	f, or	Bene	ficia	ly Own	ied			
1. Title of Security (Instr. 3)				2. Transac Date (Month/Da		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)				Secu Bene Owne		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price			(Instr. 4)	(Instr. 4)	
Common	Units			02/15/2	011				P		1,100		A	\$5.4	1	1,100	I	Note <sup>(1)</sup>	
Common Units 02/15			02/15/2	011				P		100	A		\$5.3	6	1,200	I	Note <sup>(1)</sup>		
Common Units			02/15/2	02/15/2011						6,500		A	\$5.3	9	7,700	I	Note(1)		
Common Units			02/15/2				P		6,244		A	\$5.3	8	13,944	I	Note <sup>(1)</sup>			
Common	Units			02/15/2	011				P		1,700		A	\$5.3	7	15,644	I	Note <sup>(1)</sup>	
Common	Units			02/15/2	011				P		800		A	\$5.3	5	16,444	I	Note(1)	
Common Units			02/15/2	011			P		100	_	A	\$5.32		16,544	I	Note <sup>(1)</sup>			
Common Units 02				02/15/2	011			P		300	_	A	\$5.3	1	16,844	I	Note <sup>(1)</sup>		
Common Units 02/15/20					.011			P		6,600		A	\$5.3	3 2	23,444	I	Note <sup>(1)</sup>		
		Та	ble II	- Derivat (e.g., pu				•	red, Dispositions,					•	Owned	t			
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		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercis Expiration Dat (Month/Day/Ye		e				B. Price of Derivative Security (Instr. 5)	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)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nur of	ount nber res					

## Explanation of Responses:

1. These securities are directly owned by Lubar Equity Fund, LLC. The reporting person is a director and officer of Lubar & Co. Incorporated, which is the sole manager of Lubar Equity Fund, LLC, whose owners include the reporting person, members of the reporting person's family and other legal entities that are associated with or controlled by the reporting person and members of the reporting person's family. Mr. Lubar disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

<u>/s/ Sheldon B. Lubar</u> <u>02/16/2011</u>

\*\* Signature of Reporting Person Da

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).