FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

Oaklov Pichard G			. Date of Event lequiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol STAR GAS PARTNERS LP [SGU]						
(Last) 4 ROCHELLI (Street) FORT SALONGA	(First) E LANE NY		10/19/2006	4		tionship of Reporting Pers all applicable) Director Officer (give title below) Vice President & C	10% Own Other (spe below)	er	(Mon	th/Day/Year) dividual or Join icable Line) Form filed b Person	t/Group Filing (Check y One Reporting y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4) Form: I or India		3. Ownersh Form: Direct or Indirect (Instr. 5)	Direct (D) (Instr.		ature of Indirect Beneficial Ownership tr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Convei		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	ı Title	,	Amount or Number of Shares	Exercise Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

Richard G. Oakley

11/03/2006

** 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 5 (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.