FORM 3

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

Washington, D.C. 20549

ANGE COMMISSION OMB APPROVAL
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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

Pohocok Honny D			. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol STAR GAS PARTNERS LP [ SGU ]							
(Last)	(First)	(Middle)	04/28/2006			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)			
2187 ATLANTIC STREET					X	Director Officer (give title below)	10% Own Other (spe below)			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) STAMFORD	СТ	06092				below)	below)		X	X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Units						35,000	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi 4)			4. Conve		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	1		Amount or Number of Shares	Exerci Price Deriva Securi	of tive	Direct (D) or Indirect (I) (Instr. 5)		

## Explanation of Responses:

## Remarks:

Henry D. Babcock is a member of the Board of Directors of Kestrel Heat, LLC, the general partner of the Issuer.

<u>/s/ Henry D. Babcock</u> <u>04/28/2006</u>

\*\* Signature of Reporting Person Date

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (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).