FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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* Kestrel Energy Partners LLC | | | | | | 2. Issuer Name and Ticker or Trading Symbol STAR GAS PARTNERS LP [SGU] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
|--|--|--|---------|------------|--|--|---------------------------------|--------------------------|---|-------------|--|---|--|---------|---|---|--|---|---|------------|
| (Last) | (Fir | , | Middle) |) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2012 | | | | | | | | | | Officer (give title below) | | Othe belov | | (specify |
| 2 COUNT RUMFORD LANE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivine) | ridual c | or Joint/Grou | up Filing (Check A | | Applicable |
| (Street) HUNTING | Street) HUNTINGTON NY 11743 | | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution I | | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 5) | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A (D | () or () | Price | | Reported Transaction(s) (Instr. 3 and 4) | | (11341. 4) | | (| | | |
| Common Units | | | | 05/21/2012 | | | | P | | 10,000 | | A | \$3.7998 | | 12,693,450 | | I | | See Footnote 1 ⁽¹⁾ | |
| Common Ui | | | | | | | | | | | | | | 500,000 | | I | See Footnote 2 ⁽²⁾ | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Security or (Instr. 3) Pr | onversion r Exercise rice of erivative ecurity | ise (Month/Day/Year) if any (Month/Day/Year) | | | ransaction of Derivar Securi (A) or Dispos of (D) (Instr. and 5) | | ative rities ired osed | 6. Date Expirati (Month/ | on Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | nstr. ount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Di or (I) 4) | vnership orm: rect (D) Indirect (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. These Common Units are owned directly by KM2, LLC, which is a wholly owned subsidiary of the reporting entity.
- 2. These Common Units are owned by Kestrel Heat, LLC, which is a wholly owned subsidiary of the reporting entity and the sole general partner of the issuer.

Paul A. Vermylen, Jr., President 05/23/2012

** 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.