## 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 <sup>*</sup> LUBAR SHELDON B						2. Issuer Name and Ticker or Trading Symbol <u>STAR GAS PARTNERS LP</u> [SGU]								heck all ap	tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner				
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2011										er (give title	O	Other ( below)		
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)													-"	,	Form filed by One Reporting Person				
MILWAUKEE WI 53202															Form filed by More than One Reporting Person				
(City) (State) (Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Secur	ficially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price	Repo Trans		(1150.4)		(1150.4)	
Common Units 02/2					02/28/2011					300		Α	\$ <mark>5.</mark> 4	48 1	95,131	Ι		Note <sup>(1)</sup>	
Common Units				02/28/2011				Р		869		Α	\$ <mark>5</mark> .4	49 1	96,000	Ι		Note <sup>(1)</sup>	
Common Units				02/28/2011				Р		1,900		Α	\$5.5		97,900	Ι		Note <sup>(1)</sup>	
Common Units 02/2				02/28/2	011			Р		2,100		Α	\$5.5 2		00,000	I		Note <sup>(1)</sup>	
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ition Date, Transa			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date E Expiratio (Month/D	n Dat		Amount of		str.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indi (I) (Inst 4)	D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

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.

Date

Exercisable

(A) (D)

Expiration

Date

/s/ Sheldon B. Lubar

03/01/2011

\*\* Signature of Reporting Person Date

Amount or Number

Shares

of

Title

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).

Code

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.