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* <u>LUBAR SHELDON B</u>					STA	2. Issuer Name and Ticker or Trading Symbol STAR GAS PARTNERS LP [ SGU ]											ip of Reporting I olicable) ctor		erson(s) to		
(Last)	(Fir	st) (M	Middle)		3. Dat 02/25			onth	/Day/Year)	١				Office	er (give title w)		Other (specify below)				
700 NORTH WATER ST SUITE 1200					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X	Form filed by One Reporting Person				son	
MILWAU	JKEE WI	. 5	3202												Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	<b>Z</b> ip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Di Tues di Sasarriy (maar a)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				rities Acquired ( ed Of (D) (Instr. 3			3, 4 Secu Bend Own		icially d	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common Units				02/25/2	02/25/2011				P		200		A	\$5.45		165,880			I	Note <sup>(1)</sup>	
Common Units 02/2				02/25/2	2011				P		22,63	9	A	\$5.47		188,519		I		Note <sup>(1)</sup>	
Common Units 02				02/25/2	5/2011				P		6,312	2	A	\$5.46		194,831		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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		mber rative rities ired r osed ) . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)				or		of Deri Secu	Price rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	, E	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	of								

## **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.

> /s/ Sheldon B. Lubar 02/28/2011

\*\* Signature of Reporting Person

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.