FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| 1 | 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | _ | | ., | | | | | 31 1340 | 1 | | | _ | | | |
|---|---|--|--|--------------------------------------|---|--------------|-----|--|-----|------------------|--|--|---|---|-------|--|---|--|
| Name and Address of Reporting Person* Fee Troy E | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERIGAS PARTNERS LP [APU] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| | | | | | | | | | | | | | | (give title | | Other (sp | | |
| (Last) (First) (Middle) 460 NORTH GULPH ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/21/2015 | | | | | | | | Vice President | | | | | |
| KING OF | | | | 4. If a | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| PRUSSIA | PA | | 9406 | | | | | | | | | | X Form f Form f | | | | | |
| (City) | (Sta | te) (Z | ip) | | Person | | | | | | | | | Ü | | | | |
| | | Table | e I - Non-Deriv | /ative | Sec | urities | Ac | quired, D | isp | osed of | f, or Bei | neficial | ly Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 3) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | | Beneficia Owned F | es Formally (D) (Sollowing (I) (I | Form: | Direct II Indirect E tr. 4) C | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | , | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | | Ta | able II - Deriva (e.g., ¡ | | | | | uired, Dis , options | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | 4. Transactio Code (Inst 8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Performance Units | \$0.00 | 01/21/2015 | | A | | 2,550 | | (1) | 12 | 2/31/2017 | APU Common Units | 2,550 | \$0.00 | 2,550 | | D | | |

Explanation of Responses:

1. Effective January 21, 2015, the reporting person was granted performance units under the AmeriGas Propane, Inc. 2010 Long-Term Incentive Plan on Behalf of AmeriGas Partners, L.P. Each performance unit represents the right of the recipient to receive a common unit, if specified performance goals and other conditions are met.

Remarks:

/s/ Jessica A. Milner, Attorneyin-Fact for Troy E. Fee 01/23/2015

** 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.