FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number: 3235-0287								
l	Estimated average burden								
l	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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Tematio Jean Felix (Last) (First) (Middle) 460 NORTH GULPH ROAD (Street) KING OF PRUSSIA PA 19406					2. Issuer Name and Ticker or Trading Symbol UGI CORP /PA/ [UGI] 3. Date of Earliest Transaction (Month/Day/Year) 01/12/2023 4. If Amendment, Date of Original Filed (Month/Day/Year)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP, CAO & Corporate Controller 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City) (State) (Zip)					Form filed by N Person									by More than One Reporting			
		Tabl	e I - Non-Deri	vative	Sec	urities	Acc	quired, Di	sposed of	f, or Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) (Instr. 3, 4) 5)				and Securities Beneficially Owned Follo		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s) nd 4)			(Instr. 4)	
		Т	able II - Deriva (e.g.,					ired, Dispositions,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio		5. Number of		6. Date Exerc Expiration D (Month/Day/	ate	7. Title and A of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s illy g	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
											Amount or	1					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Number of Shares						
Options (Right to Buy)	\$ 41.45	01/12/2023		Code	v	(A) 12,860	(D)			Title UGI Common Stock	Number of	\$0	12,860	0	D		
(Right to	\$41.45 \$0.0	01/12/2023			v		(D)	Exercisable	Date	UGI Common	Number of Shares	\$0 \$0	12,860		D D		
(Right to Buy)				A	v	12,860	(D)	(1)	Date 01/11/2033	UGI Common Stock UGI Common	Number of Shares						

Explanation of Responses:

- 1. These options vest in three equal annual installments beginning January 12, 2024.
- 2. Effective January 12, 2023, the reporting person was granted performance units under the UGI Corporation 2021 Incentive Award Plan. Each performance unit represents the right of the reporting person to receive a share of UGI Common Stock if specified performance goals and other conditions are met.
- 3. Effective January 12, 2023, the reporting person was granted stock units with dividend equivalents under the UGI Corporation 2021 Incentive Award Plan. Each stock unit represents the right of the reporting person to receive a share of UGI Common Stock after three years of employment.

Remarks:

/s/ Pamela A. Meredith,

Attorney-in-Fact for Jean Felix 01/17/2023

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** 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.