FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours nor resnance:	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* SCHLANGER MARVIN O					2. Issuer Name and Ticker or Trading Symbol UGI CORP /PA/ [UGI]								elationship o eck all applic X Directo	•		on(s) to Issu 10% Ow		
(Last) 460 NOF	(F RTH GULP	irst) H ROAD	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/08/2015								Officer below)	Officer (give title below)		Other (s below)	pecify
(Street) KING O	A P/	A tate)	19406 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Ta	ble I - Nor	n-Deri	ivativ	/e Se	curities	Acq	uired,	Dis	oosed of	f, or Ben	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Tr			Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned F	s Illy ollowing	Form: Direct		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)
UGI Common Stock 01/08				08/20	/2015		A		3,750	A	\$0.00	103	103,995			Benefit Plan ⁽¹⁾		
UGI Common Stock													3,0	000			By Spouse ⁽²⁾	
UGI Common Stock					İ								34,	086		D		
			Table II -								osed of, onvertib			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 D if any (Month/Day/	ate,	Code (Ins		Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		е	7. Title and of Securiti Underlying Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficial Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	ion(s)		
Option (right to buy)	\$37.15	01/08/2015			A		11,250 ⁽³⁾		01/08/20)15	01/07/2025	UGI Common Stock	11,250	\$0.00	11,25	0	D	

Explanation of Responses:

- 1. Effective January 8, 2015, the reporting person was granted Stock Units under the UGI Corporation 2013 Omnibus Incentive Compensation Plan. Each Stock Unit represents the right of the recipient to receive a share of Common Stock upon retirement or termination of service. The number of Stock Units granted reflect the September 5, 2014 3-for-2 stock split.
- 2. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.
- 3. These options were granted under the UGI Corporation 2004 Omnibus Equity Compensation Plan and are fully vested on the effective date of the grant. The number of stock options granted reflect the September 5, 2014 3-for-2 stock split.

Remarks:

/s/ Jessica A. Milner, Attorneyin-Fact for Marvin O. Schlanger

** Signature of Reporting Person

01/12/2015

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.