FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
haiia aaa aaaaa	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*  O'Brien Sean  (Last) (First) (Middle)  500 NORTH GULPH ROAD						2. Issuer Name and Ticker or Trading Symbol UGI CORP /PA/ [ UGI ]  3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)						(Che	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     X Officer (give title Other (specify below)     Chief Financial Officer      S. Individual or Joint/Group Filing (Check Applicable)				
(Street) KING OF PRUSSIA	KING OF PA 19406												Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City)	(Sta	, ,	ule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to satisfy					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action	action 2A. Deemed Execution Date,			uired, Disposed of, or Benefic  3.			(A) or	5. Amoun Securities Beneficia Owned Fo	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
		Code V	Amount	(A) or (D)	Price				Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
		Т							iired, Disp options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and of Securiti Underlying Derivative (Instr. 3 and	es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Illy Direct (Dor Indire (I) (Instr.	Beneficial Ownership tt (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Options (Right to Buy)	\$24.6	01/01/2024			A		71,320		(1)	12/31/2033	UGI Common Stock	71,320	\$0	71,320	D		
Performance Units	\$0	01/01/2024			A		18,300		(2)	09/30/2026	UGI Common Stock	18,300	\$0	18,300	D		
Performance Units	\$0	01/01/2024			A		14,880		(2)	12/31/2026	UGI Common Stock	14,880	\$0	14,880	D		

## **Explanation of Responses:**

- 1. These options vest in three equal annual installments beginning January 1, 2025.
- 2. Effective January 1, 2024, 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 1, 2024, 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 Sean

01/03/2024

O'Brien

\*\* 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.