FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average I | hurden | | | | | | | | | |

0.5

hours per response:

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* MONAGHAN CAREY M | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERIGAS PARTNERS LP [APU] | | | | | | | | | all applic Directo | cable) | g Per | son(s) to Iss 10% Ov Other (s | vner |
|--|--|--|---|-------|--|--|-------|----------|--|----------|---|--|--|--|-----------------------|--|-----------------------------------|--|---------------------------------------|
| (Last) (First) (Middle) 460 NORTH GULPH ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2007 | | | | | | | | | below) | | sfr. 8 | below) Marketir | ` |
| (Street) KING OF PRUSSIA PA 19406 | | | | 4. If | 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 Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | |
| | | | le I - Nor | | | | | | quired, D | isp | | - | | lly | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) E | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (In | ion Disposed | | rities Acquired (A) ed Of (D) (Instr. 3, | | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | , | Amount | (A) o | r Price | | Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr 8) | | | | 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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration te | Title | Amount or Number of Shares | | | | | | |
| Restricted Units | \$0 | 01/01/2007 | | | A | | 2,500 | | (1) | 12 | /31/2009 | APU Common Unit | 2,500 | | \$0 | 2,500 | | D | |

Explanation of Responses:

1. Effective January 1, 2007, the reporting person was granted Restricted Units. Each Restricted Unit represents the right of the recipient to receive a Common Unit, if specified performance goals and other conditions are met.

Linda G. Brennan for Carey M. 01/04/2007 Monaghan

** 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.