FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number: 3235-01							
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Schwartz James Kendig			Date of Event equiring Staten Month/Day/Year 5/03/2018	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol FERRELLGAS PARTNERS L P [ FGP ]							
(Last) 13906 MOHA	(First)	(Middle)				ationship of Reporting Perso call applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)						Officer (give title below)	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(City)	(State)	(Zip)							Form filed b Reporting P	y More than One erson		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisa Expiration Date (Month/Day/Yea			ate		le and Amount of Securities rlying Derivative Security (Instr. 4)		4. Conversion Exerc	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	e	Amount or Number of Shares	Price of Derivativ Security	Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ James Kendig Schwartz 07/10/2018

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).