FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							

December 31 Expires: 2014

10% Owner

Estimated average burden hours per 0.5 response:

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

Director

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

CHESTERMAN PATRICK J

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

FERRELLGAS PARTNERS L P [FGP]

2. Issuer Name and Ticker or Trading Symbol

(Last)	ast) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/27/2003								Officer (give title below) Executive VP and COO vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person				pecify
(Street)	<u>, </u>					4. If Amendment, Date of Original Filed (Month/Day/Year)													
(City)	(State) (Zip)													Form filed by One Reporting Person Form filed by More than One Reportin Person					
		Tal	ble I - Nor	n-Deriv	vativ	e Se	curi	ties Ac	quired,	Dis	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following		Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) o	r Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Common Unit				06/27/2003		06/27/2003		В		7,000	A		9.88	7,2	200		D	
Common Unit				06/2	06/27/2003		06/27/2003		3 M		20,000) A	2	20.19 27,		27,200		D	
Common Unit				06/2	06/27/2003		06/27/2003		B M		36,000	0 A		17.9	63,200		D		
Common	Common Unit				06/27/2003		06/27/2003		S S		63,000) D	2	21.59		200		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,		ansaction ode (Instr.		vative urities uired or oosed O) (Instr. and 5)	6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		S	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amo or Nun of Sha	- 1					
Employee Common Unit Option	19.88	06/27/2003	06/27/20	03	M			7,000	10/31/20	00	10/31/2005	Common Unit	7,0	000	\$19.88	110,000	(2)	D	
Employee Common Unit Option	20.19	06/27/2003	06/27/20	03	M			20,000	07/31/20	01	07/31/2006	Common Unit	20,	000	\$20.19	90,000	(2)	D	
Employee Common Unit	17.9	06/27/2003	06/27/20	03	M			36,000	04/19/2003	o(1)	04/19/2011	Common	36	000	\$17.9	54,000	(2)	D	

Explanation of Responses:

- 1. These options granted under the Ferrellgas Unit Option Plan vest ratably over a five-year period following the date of grant (4/19/01).
- 2. Number of Derivative Securities Beneficially Owned Following Reported Transactions consists of 54,000 options with exercise price of \$17.90, which will vest ratably in April 2004, April 2005 and April

Patrick J. Chesterman

06/27/2003

** 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.