FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0104    |     |  |  |  |  |  |  |  |
| 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

| 1. Name and Address of Reporting Person*  Tucker Mark John  2. Date of Ever Requiring State (Month/Day/Yea         |            |             |                     | nent  | 3. Issuer Name <b>and</b> Ticker or Trading Symbol FERRELLGAS PARTNERS L P [ FGPR ]                  |                               |  |                               |   |   |  |  |  |
|--|------------|-------------|---------------------|---|--|-------------------------------|--|-------------------------------|---|---|--|--|--|
| (Last) (First) (Middle) 3745 RIVER GRASS LANE  |            |             |                     |   | 4. Relationship of Reporting Perso<br>(Check all applicable)  Director  X Officer (give title below) |                               | on(s) to Issuer  10% Owner Other (specify below) |                               | 5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line) |   |  |  |  |
| (Street) YORK (City)   | SC (State) | 29745 (Zip) |                     |   |  | Chief Sales Off               | ,  |                               | X   | Form filed by   | y One Reporting Person<br>y More than One<br>erson |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |            |             |                     |   |  |                               |  |                               |   |   |  |  |  |
| 1. Title of Security (Instr. 4)  |            |             |                     |   |  | ially Owned (Instr. 4)        |  |                               | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5)  |   |  |  |  |
| Units  |            |             |                     |   |  | 0(1)                          | D  |                               |   |   |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |             |                     |   |  |                               |  |                               |   |   |  |  |  |
| 1. Title of Derivative Security (Instr. 4)  2. Date Exercisab Expiration Date (Month/Day/Year)                     |            |             | ate                 | 3. Title and Amount of Sec<br>Underlying Derivative Sec |  | rity (Instr. 4) Control or Ex |  |                               | 5.<br>Ownership<br>Form:  | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |
|  |            |             | Date<br>Exercisable | Expiratio<br>Date                                       | n<br>Title   | 3                             | Amount<br>or<br>Number<br>of<br>Shares           | Price o<br>Derivat<br>Securit | ive   | Direct (D)<br>or Indirect<br>(I) (Instr. 5)                 |  |  |  |

## Explanation of Responses:

1. No securities are beneficially owned.

<u>/s/ Mark J. Tucker</u> <u>02/12/2020</u>

\*\* 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 5 (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.