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* LOGAN RON M JR			2. Date of Event Requiring Stater (Month/Day/Yea 10/06/2003	ment	3. Issuer Name and Ticker or Trading Symbol FERRELLGAS PARTNERS L P [FGP]							
(Last) (First) (Middle) PO BOX 131574		10/00/2003		4. Relationship of Reporting Per (Check all applicable) Director Officer (give title		son(s) to Issuer 10% Owner Other (specify		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check				
(Street) HOUSTON	ON TX 77219				X Officer (give title below) Sr. VP, Ferrell North		below)		Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Nor	-Derivat	ive Se	ecurities Beneficial	ly Owned					
1. Title of Security (Instr. 4)				2	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership 4.		l. 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 Exercisable Expiration Date (Month/Day/Year)				ate	3. Title and Amount of Secu Underlying Derivative Secu			4. Conversio or Exercis	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

No securities are beneficially owned.

Ron M. Logan Jr.

10/06/2003

** 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 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.