FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 A	Address of Repo	2. Date of E Requiring S (Month/Day 03/06/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol FERRELLGAS PARTNERS L P [NONE]							
STE. 301 (Street) OLATHE	(First) IUR-LEN RE KS	66062	-		Issuer (Check all X Di	nship of Reporting applicable) rector fficer (give e below)	10% C	wner (specify	File 6. Ir	ndividual or Joeck Applicable Form filed Person	int/Group Filing E Line) by One Reporting by More than One
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (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 Der	ivative Securit	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)			4. Convers or Exerc Price of	sion cise		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
l			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	ount Derivative Security			

Explanation of Responses:

No securities are beneficially owned.

/s/ Joe Eby 03/10/2023

** 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.