FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person* NEWMAN JACK A JR			2. Date of Event Requiring Staten Month/Day/Year 09/23/2011	nent	3. Issuer Name and Ticker or Trading Symbol FERRELLGAS PARTNERS L P [FGP]							
(Last) 2300 WEST 9	(First) 6TH STREET	(Middle)			Relationship of Reporting (Check all applicable) X Director		on(s) to Issue		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)						Officer (give title below)	Other (spe below)	pecify	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
LEAWOOD (City)	(State)	(Zip)								Form filed by Reporting Po	y More than One erson	
(Oity)	(otate)		Table I - Non	-Doriva	tive S	ecurities Beneficiall	v Owned					
1. Title of Security (Instr. 4)					 2. Αmοι	unt of Securities ially Owned (Instr. 4)	3. Ownership		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 Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Securi			4. Convers	cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	on Title	9	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ Jack A. Newman, Jr. 09/26/2011

** 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.

 $^{^{\}star}$ 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).