Edgar Filing: Bergman Laurie - Form 4

Bergman Lau	ırie										
Form 4											
November 28	3, 2017										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO							COMMERCION		B APPROVAL	
	UNITE	LDSIATE					NGE (COMMISSION		3235-0287	
Check thi	s box		vv as	hington,	D.C. 203	549			Number:	January 31,	
if no long	er	EMENT O	E CILANA	CECINI	DENIDET	CIAI		NEDSIID OF	Expires:	2005	
subject to			T UTAN	GES IN BENEFICIAL OW				NEKSHIP OF	Estimated average		
Section 10 Form 4 or				SECURITIES					burden hours per		
Form 5		nurcuont to	Section 16	$\delta(n)$ of the	Socuriti	os Ex	zohona	ge Act of 1934,	response 0.5		
obligation								f 1935 or Sectio	'n		
may conti	nue.) of the Inv						'11		
See Instru 1(b).	iction	50(II)) of the my	vestillent v	compan	y 1101	. 01 1 7	-10			
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(Print or Type R	lesponses)										
1 Nome and A	dduaca of Domost	ing Danson *						5 Deletionship of	f Domonting Don	aan(a) to	
Demonstration I and the				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Derginan La	une		Symbol		TNEDC	TDI					
				GAS PAR		LP	APUJ	(Cheo	ck all applicable	e)	
(Last)	(First)	(Middle)		Earliest Tra	insaction						
460 NORTH GULPH ROAD(Month/D11/24/20			-				Director 10% Owner X_ Officer (give title Other (specify				
			11/24/20	1/24/2017				below) below)			
								Cor	troller & CAO		
(Street) 4. If A			4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mo				d(Month/Day/Year)				Applicable Line)			
								X Form filed by Form filed by M			
KING OF PI	RUSSIA, PA	19406						Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	ear) Executi	on Date, if TransactionAcquired (A) or				or	Securities	Form: Direct	Indirect	
(Instr. 3)		any	(T) (T T)	Code Disposed of (D)				Beneficially	(_) ==	Beneficial	
		(Month	Day/Year) (Instr. 8) (Instr. 3, 4 and			4 and			Indirect (I) Ownersh (Instr. 4) (Instr. 4)	Ownership	
								Reported	(1150.4)	(IIIsti. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
APU						(-)					
Common	11/24/2017			А	59 <u>(1)</u>	А	\$0	1,283	D		
Units											

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Bergman Laurie 460 NORTH GULPH ROAD KING OF PRUSSIA, PA 19406			Controller & CAO					
Signatures								
/s/ Jessica A. Milner, Attorney-in Bergman	-Fact for	Laurie	11/28/2017					
<u>**</u> Signature of Reporting	Date							

Explanation of Responses:

- * 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).
- (1) Effective November 24, 2017, the reporting person was granted restricted common units under the AmeriGas Propane, Inc. Long-Term Incentive Plan on Behalf of AmeriGas Partners, L.P.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.