

UGI CORP /PA/

Reported by **JONES ERNEST E**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/11/12 for the Period Ending 01/09/12

Address 460 N GULPH RD

P O BOX 858

KING OF PRUSSIA, PA 19406

Telephone 6103371000

CIK 0000884614

Symbol UGI

SIC Code 4932 - Gas and Other Services Combined

Industry Natural Gas Utilities

Sector Utilities Fiscal Year 09/30





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Expires: November 30,

2011

Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
JONES ERNE	EST E			U	[G]	CORP	/P	A/ [UG	Ι]								
(Last)	(First)	(Mi	ddle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)										Owner			
														Officer (give title below) Other (specify below)				(specify
460 NORTH (GULPH	ROA	D					1/9/	201	2				belo #/				
					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)					
KING OF PR	USSIA,	PA 19	1406															
(City)	(State)	(Zip))													Reporting Per han One Rep		n
		Table	I - Non-	Deriv	ativ	ve Securit	ties	Acq	uirec	l, Di	spos	sed o	of, or	Beneficially	y Owned			
· · · · · · · · · · · · · · · · · · ·			ans.	2A.	3. Trans.					or						7. Nature		
(msu. 3)				Date		Execution			Di	sposed	of (I))			and 4) Fo			Beneficial
						1 '			(In	str. 3,		15)	1		Direct (D) Ownership or Indirect (Instr. 4)	Ownership (Instr. 4)		
				Date Deemed Execution Date, if any Code V Amount (D) Price Following Reported Transaction(s) Ownership Form: Code V Amount (D) Price God Transaction(s) Ownership Form: Ownership Form: Direct (D) or Indirect (I) (Instr. 4) Total Points September 1 (Instr. 3 and 4) Ownership Form: Direct (D) or Indirect (I) (Instr. 4) Total Points September 1 (Instr. 3 and 4) Ownership Form: Direct (D) or Indirect (I) (Instr. 4) Ownership Form: Direct (D) or Indirect (I) (Instr. 4)														
				<u> </u>			C	ode	V An	nount	(D)	Price						
UGI Common Stock				<u> </u>			-							36	518		D	T. 61.
UGI Common Stock 1/			1/9/2	9/2012			A	25	550	A	\$ 0		32928			I	Benefit Plan (1)	
Tabl	e II - Dei	ivative	Securiti	es Be	nef	icially Ov	vne	d (e.	g. , ı	outs.	call	ls. w	arra	nts, options,	convert	ible secur	ities)	
		3. Trans.	3A.	4. Trar		. Number of		6. Da				Ť.		<u> </u>		9. Number	10.	11. Nature
Security Conversion (Instr. 3) Conversion		Date				Derivative Securities							Underlying			Ownership Form of	of Indirect Beneficial	
(IIIsti. 3)	Price of		Date, if any	I		Acquired (A)					Derivative Sec (Instr. 3 and 4			(Instr. 5)		Derivative	Ownership	
	Derivative Security					Disposed of (I Instr. 3, 4 and										Security: Direct (D)	(Instr. 4)	
	Security						I	 		1						Following	or Indirect	
				Code	v	(A)	(D)	Date Exerc	isable	Expi Date		Title	e	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)	
Option (right to buy)	\$28.28	1/9/2012		A		8500 ⁽²⁾		1/9/2	2012	1/8/2	2022	Cor	JGI mmon ock	8500	\$ 0	8500	D	

Explanation of Responses:

- (1) Effective January 9, 2012, the reporting person was granted Stock Units under the Amended and Restated UGI Corporation 2004 Omnibus Equity Compensation Plan. Each Stock Unit represents the right of the recipient to receive a share of Stock upon retirement or termination of service.
- (2) These options are fully vested on the effective date of the grant.

Reporting Owners

Depositing Oxymon Name / Address	Relationships								
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other				
JONES ERNEST E 460 NORTH GULPH ROAD KING OF PRUSSIA, PA 19406	X								

Margaret M. Calabrese, Attorney-In-Fact for Ernest E. Jones

1/10/2012

** 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 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).

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 control number.