

UGI CORP /PA/

Reported by VARAGNE FRANCOIS

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/04/10 for the Period Ending 01/01/10

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **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. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Varagne Francois				τ	UGI CORP /PA/ [UGI]												
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner					
														X Officer (give title below) Other (specify below)			
460 NORTH GULPH ROAD					1/1/2010								Chairmar	Chairman of Subsidiary			
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
KING OF PR	USSIA,	PA 19	9406														
(City) (State) (Zip)													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - Non-	Deriv	vati	ive Secui	riti	es Acqı	uir	ed, Dispo	sed of	f, or l	Beneficially	y Owned			
1				2. Tr Date	Frans. 2A. Deemed Execution Date, if any		-	Code (Instr. 8) Acquired (A Disposed of (Instr. 3, 4 a		4. Securities Acquired (A) Disposed of ((Instr. 3, 4 and (A)) or Amount (D)	or D) (d 5)	Following Reported T (Instr. 3 and 4)		es Beneficially Owned Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)																	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date		4. Trans. Code (Instr.	8)	Disposed of	erivative					7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following	Ownership Form of Derivative	Beneficial
				Code	V	(A)	(D)	Date Exercisa	able	Expiration Date	Title]	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)	
Option (right to buy)	\$24.19	1/1/2010		A		57000		(1)		6/30/2019	UG Comi Stoc	non	57000	\$0	57000	D	
Performance Units	\$0	1/1/2010		A		18500		(2)		12/31/2012	Comi Stoc	mon	18500	\$0	18500	D	

Explanation of Responses:

- (1) These options will fully vest on January 1, 2014.
- (2) Effective January 1, 2010, the reporting person was granted performance units under the Amended and Restated UGI Corporation 2004 Omnibus Equity Compensation Plan - French Sub Plan. Each performance unit represents the right of the recipient to receive a share of stock, if specified performance goals and other conditions are met.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Varagne Francois								
460 NORTH GULPH ROAD			Chairman of Subsidiary					
KING OF PRUSSIA, PA 19406								

Signatures

Margaret M. Calabrese, Attorney-In-Fact for Francois Varagne

1/4/2010

** 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.