FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | |
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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

| Cl. (C. D. : 1 A | | | | of Event Requir nt (Month/Day/ 2021 | | 3. Issuer Name and Ticker or Trading Symbol CrossAmerica Partners LP [CAPL] | | | | | | | |
|---|-------------------------|--|------------------------|---|--|---|--|------------------------------------|---|--|------------------------|--|--|
| (Last) 645 HAMILTON SUITE 400 (Street) ALLENTOWN (City) | (First) ST PA (State) | (Middle) 18101 (Zip) | | | | | onship of Reporting Person(s) to Iss Il applicable) Director Officer (give title below) Principal Accounting | 10% Owner Other (specif | / below) | | dividual or Joint/Grou | Original Filed (Month/Day/Year) up Filing (Check Applicable Line) one Reporting Person tore than One Reporting Person | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | | |
| | | | 2. Amount Owned (In | of Securities Beneficially str. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 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) | | 3. Title and Amount of Securities Underly Security (Instr. 4) | | ying Derivative | 4. Convers | ise | 5. Ownership Form: Direct (D) or Indirect (I) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | Date Expiration Date | | Title | Title | | Price of Derivative Security | | (Instr. 5) | | | |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Christina Casey-Best as Attorney-in-Fact for David A. Sheaffer 09/22/2021

** Signature of Reporting Person

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.

POWER OF ATTORNEY
KNOW ALL BY THESE PRESENTS, that the undersigned hereby appoints each of Gerard J. Sonnier and Giovanna Rueda, as the undersigned's true and la
1. prepare, execute and file, for and on behalf of the undersigned any and all documents and filings that are required or advisable to be ma
2. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of I
The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever
All prior Powers of Attorney are hereby revoked. This Power of Attorney shall remain in full force and effect until revoked by the undersigned
This Power of Attorney shall be governed by and construed in accordance with the laws of the State of Texas, without giving effect to any pring
IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 1st day of October, 2014.

/s/ David A. Sheaffer