FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

						,	resument company Act of 1940					
T : 1: T : 3.6				te of Event Requiring ment (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol Cross America Partners LP [CAPL]								
(Last) 600 HAMILTON SUITE 500 (Street) ALLENTOWN (City)	(First) STREET PA (State)	(Middle) 18101 (Zip)					onship of Reporting Person(s) to Iss Il applicable) Director Officer (give title below) Chief Financial O	10% Owner Other (speci	y below)	6. Inc	dividual or Joint/Grou	Original Filed (Month/Day/Year) up Filing (Check Applicable Line) one Reporting Person fore 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. Natı	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
[[2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underly Security (Instr. 4)		ying Derivative	Conve or Exe	rcise	5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Expirat		Title		Amount o Number o Shares	Price of Derivative Security		(Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Christina Casey-Best as Attorney in Fact for Eric M. Javidi 11/10/2020

** 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 Christina Casey-Best and Keenan D. Lynch, as the undersigned's true and 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 made 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 bend the undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing what: All prior Powers of Attorney are hereby revoked. This Power of Attorney shall remain in full force and effect until revoked by the undersigned has construed in accordance with the laws of the Commonwealth of Pennsylvania, without giving IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 22nd day of October 2020.

/s/ Eric M. Javidi