FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number: 3235-0							
	Estimated average burden							
	hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Federer Michael W			Date of Event equiring Stater Month/Day/Yea 2/05/2018	nent	3. Issuer Name and Ticker or Trading Symbol CrossAmerica Partners LP [CAPL]							
(Last) (First) (Middle) 1520 WATERSIDE CT.				Relationship of Reporting Pers (Check all applicable) Director		n(s) to Issue	(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)				
					X	Officer (give title below)	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) DALLAS	TX	75218				Sr Director Legal and	Corp Sec) X	_	y One Reporting Person y More than One erson		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)			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 Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Michael W. Federer 12/06/2018

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).