FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

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

| 1. Name and Address of Reporting Person* Reilly John B. III | | | | | | 2. Issuer Name and Ticker or Trading Symbol Lehigh Gas Partners LP [LGP] | | | | | | | | | all app | olicable) ctor | | Owner | |
|---|--|------|---------|------------------------------|--------------------|--|--------|------|--|-------------------------|-----------------------|--|---|---|--|---|---------------------------------------|------------------|--|
| 702 WEST HAMILTON STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2013 | | | | | | | | | Offic belov | er (give title w) | Othe belov | r (specify v) | |
| SUITE 203 (Street) ALLENTOWN PA 18101 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv ₋ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quired | d, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | and 5) See Bei Ow | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | rted action(s) 3 and 4) | | (Instr. 4) | |
| Common Units 11/05/201 | | | | |)13 ⁽¹⁾ | 13(1) | | P | | 100 | A | \$2 | 8 | 1 | 18,672 | I | By Trust | | |
| Common Units 11/07/201 | | | | | | 13 ⁽¹⁾ | | P | | 2,600 | A | \$27.9 | \$27.915 ⁽²⁾ | | 21,272 | I | By Trust | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | vned | | | | |
| Derivative Conversion Date Execution Date, To Courity or Exercise (Month/Day/Year) if any | | | | 4. Transa Code (8) | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | and t of ies ving ive y (Instr. 3 Amount or Number of | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. This transaction was an open market purchase pursuant to a 10b5-1 trading plan adopted by the Reporting Person on August 30, 2013, in accordance with Rule 10b5-1 of the Securities Exchange Act of
- 2. This transaction was executed in multiple trades at prices ranging from \$27.66 to \$28.00. The price reported reflects the weighted average sale price. Full information regarding the number of shares sold and the prices at which the transactions were effected is available to the SEC staff, the issuer and any security holder of the issuer, upon request.

Remarks:

/s/ Kadryn E. Lattig

11/07/2013

** 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 Number.