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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					OI OCCIOII S	o(ii) or the iii	vestment Company Act or 1940					
Name and Address of Reporting Person* Wilkins George				2. Date of Event Requiring Statement (Month/Day/Year) 01/24/2018			3. Issuer Name and Ticker or Trading Symbol CrossAmerica Partners LP [CAPL]					
(Last) 3410 N. CONCORD I	(First) ORIVE	(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable) Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) CENTER VALLEY (City)	PA (State)	18034 (Zip)				х	Officer (give title below) VP Regional Wholesal	Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned												
					2. Amount o (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		5. 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 Underlying Deri (Instr. 4)		Exercise F of Derivati		ce Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Date Exercisable		Title		Amount or Number of Shares	Security			

Explanation of Responses:

Remarks:

Attorney in Fact for George 01/25/2018 Wilkins

** 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 5 (b)(v).

* In 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

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KNOW ALL BY THESE PRESENTS, that the undersigned hereby appoints Giovanna Rueda as the undersigned's true and lawful attorney-in-fact to act for and on behalt

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 with the United States

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 benefit to, in the best in

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 requisite, neces

All prior Powers of Attorney are hereby revoked. This Power of Attorney shall remain in full force and effect until revoked by the undersigned in a signed w

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 principles of confliction of the state of the stat

George Wilkins

SUBSCRIBED AND SWORN TO before me by the said George Wilkins, this $___$ day of January, 2018.

Notary Public, State of Texas