(City)

(State)

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

			16(a) of the Securities Exchange the Investment Company Act		1934			
Name and Address of Reporting Person* Bandera Partners LLC	2. Date of E Requiring S (Month/Day 08/03/202	tatement /Year)	3. Issuer Name and Ticker of STAR GROUP, L.F.					
(Last) (First) (Middle) 50 BROAD STREET, SUITE 1820	00/03/2022		Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) NEW YORK 10004	_		Officer (give title below) See Footno	Other below)	(specify		Form filed Person	by One Reporting by More than One
(City) (State) (Zip)								
Та	able I - Non	-Derivat	ive Securities Benefic	ially O	wned			
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect		ature of Indire ership (Instr.	
Common Units ⁽¹⁾			3,465,117]	I See		ee footnote ⁽²⁾	
Common Units ⁽¹⁾			4,827]	I See		ee footnote ⁽³⁾	
Common Units ⁽¹⁾			206,483]	I See		ee footnote ⁽⁴⁾	
(e.g			e Securities Beneficia ants, options, converti					
Title of Derivative Security (Instr. 4) Z. Date Exercisable an Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Se Underlying Derivative Se (Instr. 4)	ecurity Convers		cise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	n	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)
Name and Address of Reporting Person* Bandera Partners LLC								
(Last) (First) (Mi 50 BROAD STREET, SUITE 1820	ddle)							
(Street) NEW YORK NY 10004								
(City) (State) (Zip)								
Name and Address of Reporting Person* Bylinsky Gregory								
(Last) (First) (Mi C/O BANDERA PARTNERS LLC 50 BROAD STREET, SUITE 1820	ddle)							
(Street) NEW YORK NY 10	004							

Name and Address of Reporting Person* Gramm Jefferson						
(Last)	(First)	(Middle)				
C/O BANDERA PARTNERS LLC						
50 BROAD STREET, SUITE 1820						
(Street)						
NEW YORK	NY	10004				
<i>-</i>						
(City)	(State)	(Zip)				

Explanation of Responses:

- 1. This Form 3 is filed jointly by Bandera Partners LLC ("Bandera Partners"), Gregory Bylinsky and Jefferson Gramm (collectively, the "Reporting Persons"). Each of the Reporting Persons may be deemed to be a member of a Section 13(d) group that collectively beneficially owns more than 10% of the Issuer's outstanding Common Units. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein.
- 2. Bandera Partners is the investment manager of Bandera Master Fund L.P. ("Bandera Master Fund"), in whose name the securities are held. Messrs. Bylinsky and Gramm are the Managing Members of Bandera Partners. Bandera Master Fund has delegated to Bandera Partners the sole and exclusive authority to vote and dispose of the securities held by Bandera Master Fund. As a result, each of Bandera Partners and Messrs. Bylinsky and Gramm may be deemed to beneficially own the securities held by Bandera Master Fund.
- 3. Represents securities owned solely by Mr. Bylinsky.
- 4. Represents securities owned solely by Mr. Gramm.

/s/ Gregory Bylinsky,

Managing Member, on
behalf of Bandera Partners

LLC

/s/ Gregory Bylinsky
/s/ Jefferson Gramm
** Signature of Reporting
Person

08/04/2022

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).
- ** 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.