FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------------------|-----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | |
| O I THE I STATE OF TH | Estimated average burden | | | |

| Che | eck this box if no longer subjec |
|------|----------------------------------|
| to S | Section 16. Form 4 or Form 5 |
| obli | gations may continue. See |
| Inst | truction 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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |
| , | | | | | | | | |

| 1. Name and Address of Reporting Person* Whitehurst Bradford D. | | | | | 2. Issuer Name and Ticker or Trading Symbol Energy Transfer LP [ET] | | | | | | | | | | ationship of Reporti (all applicable) Director | | 10% O | | wner |
|--|--|---------|---|--|---|--|-----|---|-----------------|---|--------------------|---|---|--|---|--|--|------------|---------|
| (Last) | Last) (First) (Middle) 3111 WESTCHESTER DRIVE, SUITE 600 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024 | | | | | | | | | X | below) | | VP | Other (s | specify |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | | | |
| DALLA | S TX | 7 | 5225 | | | | | | | | | | | | | filed by Mo | | n One Repo | |
| (City) | (Sta | ate) (Z | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | //Year) Execution | | ution D | eemed Ition Date, h/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed O 5) | | | | 4 and Secur Benef Owne | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pric | е | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Units 02/28/2 | | | | /2024 | | | А | | | 10,000 | A | \$14 | 4.65 | .65 1,459,941 | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | Derivative (I Securities Acquired (A) or Disposed | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Own For Illy Dire or I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | |

Explanation of Responses:

Remarks:

Peggy J. Harrison, Attorneyin-fact for Mr. Whitehurst

02/28/2024

** Signature of Reporting Person

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

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.

^{*} 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).