SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

Weber Jop E			2. Date of Even Requiring State Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol <u>AMERICAN REAL ESTATE PARTNERS L P</u> [ACP]				
(Last) 767 FIFTH A (Street) NEW YORK (City)	(First) VENUE, 47TH NY (State)	(Middle)	04/26/2005		4. Relationship of Reporting Per (Check all applicable) Director X Officer (give title below) President / of the Ger	10% Own Other (spe below)	er 6. ecify Ap	onth/Day/Year) Individual or Joir plicable Line) X Form filed b Person	Date of Original Filed nt/Group Filing (Check ny One Reporting ny More than One Person
			able I - Nor	n-Derivat	tive Securities Beneficial	ly Owned			
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership str. 5)	
		(e.ç			ve Securities Beneficially ants, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secu Underlying Derivative Secu 4)		4. Conversio or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiratic Date	on Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ Jon F. Weber

** Signature of Reporting Person

04/29/2005

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.