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							
Estimated average burden								
hours per response	e: 0.5							

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

Barton Denise (N			. Date of Event lequiring Staten Month/Day/Year 9/27/2019		3. Issuer Name and Ticker or Trading Symbol ICAHN ENTERPRISES L.P. [IEP]							
(Last) C/O ICAHN E	(Last) (First) (Middle) C/O ICAHN ENTERPRISES L.P.					ationship of Reporting Perso call applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
767 FIFTH AVENUE, SUITE 4700					Officer (give title below)		Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) NEW YORK	NY	10153								y More than One		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				Beneficially Owned (Instr. 4) Form or Ir				Nature of Indirect Beneficial Ownership str. 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 Securi Underlying Derivative Securi		ty (Instr. 4) Conve		rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title	•	Amount or Number of Shares	Price of Derivativ Security	e Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

No securities are beneficially owned.

/s/ Denise Barton

** Signature of Reporting Person

Date

09/3<u>0/2019</u>

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.