FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549

OMB APPROVAL											
OMB Number:	3235-0287										
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0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1(0). 5	ee Instructio	1 10.																				
1. Name and Address of Reporting Person							2. Issuer Name <b>and</b> Ticker or Trading Symbol ICAHN ENTERPRISES L.P. [ IEP ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ICAHN BRETT																Director			10% Ov	vner		
(Last) (First) (Middle) C/O ICAHN ASSOCIATES HOLDING LLC						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024									Office below	er (give title v)		Other (specify below)				
16690 COLLINS AVE., PH-1					If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
(Street)																Line)						
l ` ′	(Street) SUNNY ISLES FL 33160														Form filed by One Reporting Person  Form filed by More than One Reporting							
-																Person						
(City)	(	State)	(Z	lip)																		
			Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	y Own	ed					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Da			3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)		4 and Securi		ities Folicially (D following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
											v	Amount	(A) or (D)		rice	Transa	Transaction(s) (Instr. 3 and 4)			(111341. 4)		
Depository Units <sup>(1)</sup> 09/30/2						2024				F <sup>(2)</sup>		34,179		) {	613.37	34	5,761		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)	Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	Expiration Da		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Str.	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y i	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
						Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Num of Share								

## **Explanation of Responses:**

- 1. Depositary Units representing limited partner interests in Icahn Enterprises L.P.
- 2. Represents the withholding of Depositary Units to satisfy the Reporting Person's tax obligations in connection with the vesting of restricted Depositary Units and accrued dividends. The Reporting Person was granted 239,254 restricted Depositary Units on October 1, 2020 under the Icahn Enterprises L.P. 2017 Long-Term Incentive Plan. 34,179 Depositary Units vested on September 30, 2024

/s/ Brett Icahn

10/02/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.