FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

| 1. Name and Address of Reporting Person* COZZA KEITH | | | 2. Date of Even Requiring State (Month/Day/Yea | ment | 3. Issuer Name and Ticker or Trading Symbol ICAHN ENTERPRISES L.P. [IEP] | | | | | |
|---|------------------|---------|--|--|--|----------------------------------|---|---|---|--|
| (Last) C/O ICAHN I | (First) (Middle) | | 02/20/2013 | | Relationship of Reporting Per Check all applicable) X Director | 10% Own | er (Mor | . If Amendment, Date of Original Filed //onth/Day/Year) . Individual or Joint/Group Filing (Check | | |
| 767 FIFTH AVENUE, SUITE 4600 (Street) | | | | | Officer (give title below) X Executive Vice Properties A Security | Other (spe below) resident | . 1 | xpplicable Line) X Form filed by One Reporting Person Form filed by More than One | | |
| NEW YORK | NY | 7 10153 | | | | | | Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | | | |
| | | 7 | Γable I - Nor | -Derivati | ve Securities Beneficiall | y Owned | | | | |
| 1. Title of Security (Instr. 4) | | | | Amount of Securities eneficially Owned (Instr. 4) | | | Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | (e. | | | Securities Beneficially onts, options, convertible | | s) | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Secur Underlying Derivative Secur 4) | | 4. Conversion or | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date | Expiration | | Amount or Number of | Exercise Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

KEITH COZZA 02/20/20

** Signature of Reporting Person Date

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 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).