FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## 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 A	Address of Repo	orting Person*	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/07/2021  3. Issuer Name and Ticker or Trading Symbol ICAHN ENTERPRISES L.P. [ IEP ]					
	(First) N ENTERPR				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) SUNNY ISLES BEACH	NNY ES FL 33160				X Officer (give title below)  Chief Financia	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
					4)	(D) or li	ndirect	,	3)
				erivative		(D) or li (I) (Inst	ndirect r. 5)		3)
1. Title of Dei	ivative Securit	(e.g.		erivative s, warrar	Securities Benefici nts, options, conver	(D) or li (I) (Insti ally Owr tible sec	ndirect r. 5)	5. ion Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/S/ David Willetts</u> <u>06/07/2021</u>

\*\* Signature of Reporting Date Person

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.