Edgar Filing: PLAINS ALL AMERICAN PIPELINE LP - Form 4

PLAINS ALL AMERICAN PIPELINE LP

Form 4

August 14, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Common

Units

Units

Units

08/14/2008

(Print or Type Responses)

1. Name and Address of Reporting Person * SINNOTT ROBERT V			2. Issuer Name and Ticker or Trading Symbol PLAINS ALL AMERICAN PIPELINE LP [PAA]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 1800 AVEN 2ND FLR	(First) (I	Middle) ARS,	3. Date of Earliest Transaction (Month/Day/Year) 08/14/2008			_X_ Director Officer (giv below)		6 Owner er (specify		
LOS ANGEI	4. If Amendment, Date Original Filed(Month/Day/Year)					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-D	erivative S	Securi	ties Ac	quired, Disposed (of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	emed on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	(A) o l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

M

1,250

\$0

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not required to respond unless the form

11,750

5,000

 $1,000^{(3)}$

Ι

D

T

By Family

Trust

By

children

(9-02)

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displays a currently valid OMB control

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Numb orDerivativ Securitie Acquired Disposed (Instr. 3, 5)	s I (A) or I of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Units-Long Term Incentive Plan	<u>(1)</u>	08/14/2008		M		1,250	(2)	<u>(4)</u>	Common Units	1,250
Phantom Units-Long Term Incentive Plan	<u>(1)</u>	08/14/2008		A	1,250		(2)	<u>(4)</u>	Common Units	1,250

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
NOTT ROBERT V						

1800 AVENUE OF THE STARS, 2ND FLR LOS ANGELES, CA 90067-4219

Signatures

SIN

/s/ Robert V. 08/14/2008 Sinnott

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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).

X

- (1) One Common Unit is deliverable, upon vesting, for each phantom unit that vests.
- (2) 1,250 phantom units vest annually on August distribution date, with automatic re-grant of equivalent amount.

(3)

Reporting Owners 2

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The reporting person no longer has a reportable beneficial interest in 1,000 common units owned by his daughter and included in the reporting person's prior ownership reports.

(4) Upon termination of service as director, other than because of death, disability or retirement.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.