#### Edgar Filing: PLAINS ALL AMERICAN PIPELINE LP - Form 4

#### PLAINS ALL AMERICAN PIPELINE LP

Form 4

August 15, 2007

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

**OMB APPROVAL** 

January 31, 2005

0.5

Estimated average

burden hours per response...

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

obligations

Check this box

**SECURITIES** may continue.

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).

(Print or Type Responses)

See Instruction

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

below)

(Check all applicable)

(Last)

(Middle) (First)

3. Date of Earliest Transaction

\_X\_\_ Director

10% Owner Officer (give title Other (specify

1800 AVENUE OF THE STARS,

(Street)

2ND FLR

4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year)

08/14/2007

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

LOS ANGELES, CA 90067-4219

(City)	(State) (Z	Zip) Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	CransactionAcquired (A) or Code Disposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Units	08/14/2007		M	1,250	A	\$0	10,500	I	By Family Trust
Common Units							2,000	I	By children
Common Units							5,000	D	

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

(9-02)

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## displays a currently valid OMB control number.

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. Transaction Code (Instr. 8)	5. Numb orDerivativ Securitie Acquired Disposed (Instr. 3, 5)	/e s l (A) or l 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>	08/14/2007		M		1,250	<u>(2)</u>	(3)	Common Units	1,250
Phantom Units-Long Term Incentive Plan	(1)	08/14/2007		A	1,250		(2)	(3)	Common Units	1,250

## **Reporting Owners**

Reporting Owner Name / Address	Kelationships					
	Director	10% Owner	Officer	Other		
SINNOTT ROBERT V						
1800 AVENUE OF THE STARS, 2ND FLR	X					

### **Signatures**

/s/ Robert V.
Sinnott

07/31/2007

LOS ANGELES, CA 90067-4219

\*\*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).
- $(1) \quad \hbox{One Common Unit is deliverable, upon vesting, for each phantom unit that vests.}$
- (2) 1,250 phantom units vest annually on August distribution date, with automatic re-grant of equivalent amount.
- $\textbf{(3)} \quad \text{Upon termination of service as director, other than because of death, disability or retirement.}$

Reporting Owners 2

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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.