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PLAINS ALL AMERICAN PIPELINE LP

Form 4

August 15, 2014

FORM 4

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

OMB Number: 3235-0287

Estimated average

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

OMB APPROVAL

Form 4 or Form 5 obligations 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

2. Issuer Name and Ticker or Trading

burden hours per response...

0.5

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

| SYMONDS | J TAFT | - | Symbol | Trume una | | | 5 | Issuer | 1 0 | , | |
|--------------------------------------|--|-----------|--|---|---------------------------------------|-----|---|--|--|---|--|
| | | | PLAINS ALL AMERICAN PIPELINE LP [PAA] | | | | | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of (Month/D | Earliest Tra ay/Year) | ansaction | | | X_ Director 10% Owner Officer (give title Other (specify below) | | | |
| 2001 KIRBY DRIVE, # 1001 | | | 08/14/2014 | | | | | below) | below) | | |
| | (Street) | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | Filed(Mon | d(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| HOUSTON | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | any | | emed on Date, if /Day/Year) | 3. Transaction Code (Instr. 8) | · · · · · · · · · · · · · · · · · · · | | | 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 | (D) | Price | (Instr. 3 and 4) | | | |
| Common Units | 08/14/2014 | | | M | 5,000 | A | \$0 | 69,450 | D | | |
| Common Units | | | | | | | | 20,000 | I | Symonds Trust Co. Ltd. | |
| Common Units | | | | | | | | 4,600 | I | Anne Symonds Revoc. Trust | |

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

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SEC 1474 (9-02)

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) | Code Securities | | 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 | <u>(1)</u> | 08/14/2014 | | M | | 5,000 | (2) | (3) | Common Units | 5,000 |
| Phantom units | <u>(1)</u> | 08/14/2014 | | A | 5,000 | | (2) | (3) | Common Units | 5,000 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SYMONDS J TAFT 2001 KIRBY DRIVE, # 1001 X HOUSTON 77019

Signatures

/s/ J. Taft Symonds 08/14/2014

**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) One Common Unit is deliverable, upon vesting, for each Phantom Unit that vests.
- (2) Phantom Units vest annually on August distribution date, with automatic re-grant of equivalent amount.
- (3) 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.

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