#### **GOYANES EVERARDO**

Form 4 May 12, 2009

## 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

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Estimated average burden hours per

**OMB APPROVAL** 

response...

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

Check this box

obligations may continue. See Instruction

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)

1. Name and Address of Reporting Per GOYANES EVERARDO	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
	PLAINS ALL AMERICAN PIPELINE LP [PAA]	(Check all applicable)			
(Last) (First) (Mid-	(Month/Day/Year)	XDirector 10% Owner Officer (give title below) Other (specify below)			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)			
NEW YORK, NY 10007-1363		_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

#### (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		sed of		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	
Common Units	05/11/2009		P	700	A	\$ 43.35	20,900	D	
Common Units	05/11/2009		P	200	A	\$ 43.37	21,100	D	
Common Units	05/11/2009		P	100	A	\$ 43.36	21,200	D	
Common Units	05/11/2009		P	100	A	\$ 43.39	21,300	D	
Common Units	05/11/2009		P	400	A	\$ 43.4	21,700	D	

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Common Units	05/11/2009	P	100	A	\$ 43.42	21,800	D
Common Units	05/11/2009	P	500	A	\$ 43.43	22,300	D
Common Units	05/11/2009	P	200	A	\$ 43.4299	22,500	D
Common Units	05/11/2009	P	1,700	A	\$ 43.44	24,200	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 displays a currently valid OMB control number.

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9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Tit.	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ctionNu	ımber	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3) De	rivative	e		Secur	ities	(Instr. 5)
	Derivative				Sec	curities			(Instr	. 3 and 4)	
	Security				Ac	quired					
					(A	) or					
					Di	sposed					
					of	(D)					
					(In	str. 3,					
					4,	and 5)					
										A	
										Amount	
							Date	Expiration	T:41-	or Namel	
							Exercisable	Date	ritte	Number	
				G 1	<b>T</b> 7 (A	) (D)				of	
				Code	V (A	(D)				Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

**GOYANES EVERARDO** 101 WARREN STREET, # 1010 X NEW YORK, NY 10007-1363

# **Signatures**

Everardo 05/12/2009 Goyanes

\*\*Signature of Date Reporting Person

2 Reporting Owners

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# **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).

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.