#### **GOYANES EVERARDO**

Form 4 May 25, 2010

# 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...

subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

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).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person *_ GOYANES EVERARDO	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) (First) (Middle)  101 WARREN STREET, # 1010	3. Date of Earliest Transaction (Month/Day/Year) 05/25/2010	_X_ Director 10% Owner Officer (give title below) Other (specify below)			
(Street) NEW YORK, NY 10007-1363	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			

(C	Ity)	(State)	Tabl	e I - No	n-D	erivative (	Secur	ities Acqu	iired, Disposed of	f, or Beneficial	y Owned
1.Title Securit (Instr.	ty	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction(A) or I Code (Instr. 3 (Instr. 8)		n(A) or Di (Instr. 3,	(A) or		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)
Comr		05/12/2010		Code	V V	Amount 7,450	(D)	Price \$ 0	19,250	D	
Comr		05/25/2010		P		100	A	\$ 54.95	19,350	D	
Comr		05/25/2010		P		700	A	\$ 54.96	20,050	D	
Comr		05/25/2010		P		700	A	\$ 55	20,750	D	
Comr		05/25/2010		P		200	A	\$ 55.1	20,950	D	

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Common Units	05/25/2010	P	300	A	\$ 55.12	21,250	D
Common Units	05/25/2010	P	49	A	\$ 55.13	21,299	D
Common Units	05/25/2010	P	100	A	\$ 55.15	21,399	D
Common Units	05/25/2010	P	100	A	\$ 55.17	21,499	D
Common Units	05/25/2010	P	200	A	\$ 55.18	21,699	D
Common Units	05/25/2010	P	300	A	\$ 55.19	21,999	D
Common Units	05/25/2010	P	3,100	A	\$ 55.2	25,099	D
Common Units	05/25/2010	P	256	A	\$ 55.25	25,355	D
Common Units	05/25/2010	P	137	A	\$ 55.26	25,492	D
Common Units	05/25/2010	P	100	A	\$ 55.28	26,592	D
Common Units	05/25/2010	P	1,108	A	\$ 55.3	26,700	D

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

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 control number.

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit.	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	ınt of	Derivative	]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	1
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						]
					(A) or						]
					Disposed						,
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)						
				Code V	(A) (D)				Shares		

Price of

9. Nu

Deriv

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## **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 Goyanes 05/25/2010

\*\*Signature of Date
Reporting Person

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

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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<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).