Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERS	SHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Swanson Al					PLAINS ALL AMERICAN PIPELINE LP [PAA]									[(Ch	eck all applic	all applicable) Director Officer (give title		10% Ov Other (s	vner
(Last) 333 CLA	(Last) (First) (Middle) 333 CLAY ST., # 1600				3. Date of Earliest Transaction (Month/Day/Year) 08/12/2016									below)	below) xecutive. VP & CFO				
(Street) HOUSTON TX 77002 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)				2. Transa Date	2. Transaction			2A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	4. Securi				5. Amou Securitie Beneficia Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)
Common Units 0					2/2016				М		33,333		A	\$0	179	179,982		D	
Common Units 08/1					/2016		F		13,984		D	\$29	165,998			D			
		-	Table II -								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution I if any (Month/Day	Date, Tr	ransaction ode (Instr.		of		6. Date E Expiratio (Month/D	n Date	9	of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
				C	ode \	v	(A)	(D)	Date Exercisal		Expiration Date	Title	1	Amount or Number of Shares					
Phantom	(1)	08/12/2016			M			33,333	08/12/20	16	(2)	Con	nmon	33,333	\$0	66,66	7	D	

Explanation of Responses:

- 1. 1-for-1 Common Units for Phantom Units granted under long-term incentive plan.
- 2. N/A

Remarks:

/s/ Al Swanson

08/16/2016

** Signature of Reporting Person

Date

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

- * 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.

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 Number.