FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| 1. Name ar GOYA (Last) | Issuer Name and Ticker or Trading Symbol PLAINS ALL AMERICAN PIPELINE LP [PAA] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | |) (Ch | neck all appl $old X$ Direct | or r (give title | g Pers | 10% Ov Other (s below) | vner | | | | |
|--|--|--|--|--|-----------|--------------|---------|---|--|------------|------------------------------|---|---|--|--|--|-------|--|--|
| , | LUMBUS A | VENUE, # 302 | 08/17/2006 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) BOSTO | • | | | | | | | | | | | | | | Ne) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | n | | | |
| | | Tab | le I - Non- | Deriva | tive S | Secu | urities | s Ac | quired, [| Disp | osed o | of, o | r Ben | eficia | ly Owne | d | | | |
| 1. Title of S | 2. Transac Date Month/Da | saction /Day/Year) | | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | | | Price | | Transac | | | |
| | 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 Da if any (Month/Day/\) | C | ansaction | ion str. | n of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | i (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | ode V | , | (A) | | Date Exercisable | | kpiration ate | Title | 1 | Amount or Number of Shares | | | | | |
| Phantom Units - Long- Term Incentive Plan | (1) | 08/17/2006 | | | A | | 5,000 | | (2) | | (3) | Com Un | | 5,000 | \$0 | 5,000 ⁽⁴ | ·) | D | |

Explanation of Responses:

- 1. One common unit is deliverable, upon vesting, for each phantom unit that vests.
- 2. 1,250 phantom units will vest in August 2006, with automatic re-grant of equivalent amount. Thereafter, 1,250 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.
- 4. Reporting person also owns 5,000 phantom units previously granted.

Remarks:

Everardo Goyanes

08/17/2006

** 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.