FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	OVAL
OMB Number:	3235-0287
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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

Name and Address of Reporting Person*  Herbold Chris				2. Issuer Name <b>and</b> Ticker or Trading Symbol PLAINS ALL AMERICAN PIPELINE LP									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Herboi	<u>a Chris</u>					A ]								`	Directo			10% Ov	·	
															Officer below)	(give title		Other (s	specify	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									, ,	Acctg & Chief Acctg Office			er	
333 CLAY STREET, SUITE 1600			11/	11/18/2010									, , , , , ,	ctg ct ch		ectg offic				
					1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. '	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)					
HOUST	ON T	X	77002											7	Form fi	led by One	Repo	orting Perso	n	
															Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)										Persor							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			JIE I - INOI			_			<u> </u>	JISK					1					
1. Title of Security (Instr. 3) 2. Transa Date					ction									5. Amou Securitie	s	Form		7. Nature of Indirect Beneficial		
(MORITI/L					Dayrie	(Month/Day								Owned F	Owned Following (		I) (Instr. 4)	Ownership		
								Code	v	Amount	(A) or		Price	Reported Transact				(Instr. 4)		
					Code V Amount (D)						Price	(Instr. 3	and 4)							
		-	Table II - I	Deriva	tive	Secu	ırities	Acq	uired, Di	spc	sed of,	or Be	nefi	icially	Owned					
				(e.g., p	uts,	calls	s, warr	ants	, options	s, c	onverti	ble se	curi	ties)						
1. Title of	2.	3. Transaction	3A. Deemed	d 4	1.		5. Numl	ber	6. Date Exe	ercisa	able and	7. Title	and A	mount	8. Price of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D		Transa Code (				Expiration						Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Ye					3)	iiisti.	Securities		Derivative Secu						(Instr. 5)	Beneficially		Direct (D) Own	Ownership	
Derivative						Acquired (Instr. 3 and 4)								4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
				Disposed of (D) (Instr. 3, 4 and 5)								Reported Transaction(s) (Instr. 4)								
													)II(3)							
														mount						
													OI N	r lumber						
				,	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of							
Phantom	(2)	11/18/2010			A		18,000	\	(3)	Ť	(4)	Commo	on 1	8,000	\$0	18,000	)	D		
Units <sup>(1)</sup>	1 `´	11/10/2010	I		4.1		10,000		l `´		` ′	Units	- 1 *	0,000	🕶	1 10,000	´		1	

## **Explanation of Responses:**

- 1. Grant of phantom units under Long-Term Incentive Plan (includes associated distribution equivalent rights (payable in cash)).
- 2. 1-for-1 Common Units for Phantom Units granted under long-term incentive plan.
- 3. Phantom unis vest in equal one-third increments upon achievement of annualized distributions of \$3.90, \$4.05 and \$4.20 per unit and continued employment through may 2013, May 2014 and May 2015, respectively.
- 4. Any phantom units that have not vested as of the May 2016 distribution date will be forfeited.

## Remarks:

/c/ Chris Herbold

11/18/2010

\*\* 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.