FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| C. 20549 |
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| STATEMENT | OF CHAN | GES IN F | RENEEICIAI | OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden 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 and Address of Reporting Person* RAYMOND JOHN T | | | | | 2. Issuer Name and Ticker or Trading Symbol PLAINS ALL AMERICAN PIPELINE LP | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|--|-----------------------------|---|---|----------|-------------------|--|-----------------------------------|------------------|--|---|-------------------------------------|---|---|-------------------|--|--|
| | | | | [P | PAA] | | | | | | | 2 | Oirecte | | | 10% O | | | |
| (Last) (First) (Middle) 1401 MCKINNEY, SUITE 1025 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2011 | | | | | | | | | officer below) | (give title | | Other (below) | specify | |
| (Street) | ON T | X | 77010 | | 4. I1 | f Ame | endment, | Date | of Original | Filed | (Month/D | ay/Year) | | Line |) | · | Ì | g (Check Ap | · |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Form Perso | | e thai | n One Repo | orting |
| | | Tab | le I - Nor | n-Deriv | ative | e Se | curitie | s Ac | quired, | Dis | posed o | of, or Be | enefi | ciall | y Owne | d | | | |
| Date | | | 2. Transa Date (Month/I | n/Day/Year) it | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. 5) | | , 4 and Securi Benefi Owned | | ties Fo cially (D I Following (I) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code V Amount (A) or P | | | rice | Reporte Transac (Instr. 3 | action(s) | | | (Instr. 4) | | | | | |
| | | Т | able II - I | | | | | | uired, D s, option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, Transaction Code (Ins | | | on of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | And 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amo or Num of Shai | ber | | | | | |
| Phantom Units ⁽¹⁾ | (2) | 02/24/2011 | | | A | | 5,000 | | (3) | | (4) | Common | 5,0 | 00 | \$0 | 5,000 | | D | |

Explanation of Responses:

- 1. Grant of phantom units under Long-Term Incentive Plan (includes associated distribution equivalent rights (payable in cash)).
- 2. One Common Unit is deliverable, upon vesting, for each phantom unit that vests.
- 3. 625 phantom units will vest upon the August 2011 distribution date, with an automatic re-grant of an equivalent amount. Thereafter, 1,250 phantom units will vest annually on the August distribution date, with an automatic re-grant of an equivalent amount.
- 4. Upon termination of service as director, other than because of death, disability or retirement.

Remarks:

/s/ John T. Raymond

02/24/2011

** 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.