FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVE				
ES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-			

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNE	OMB Number:	3235-0287			
Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		Estimated average burden				
	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934		hours per response:	0.5		
	or Section 30(h) of the Investment Company Act of 1940					
ame and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				

1. Name and Address of Reporting Person* Chandler Chris R. (Last) (First) (Middle) 333 CLAY STREET					Susuer Name and Ticker or Trading Symbol PLAINS ALL AMERICAN PIPELINE LP [PAA] 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2019									[(Che	elationship c eck all applic Directo Officer below)	able)		10% Ov Other (s below)	vner
SUITE 1600 (Street) HOUSTON TX 77002				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(City)	(Si	tate)	(Zip)												Person		e than	One Repo	rting
Table I - Non-Derivation 1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action 2A. Deemed Execution Date,			3. Transact Code (In: 8)	tion str.	4. Securit Disposed 5)	ties Ac	cquired) (Instr. (A) or (D)	(A) or 3, 4 and Price	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)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		d 4. Date, Tr	ransaction ode (Instr.		5. Number		6. Date Exe Expiration I (Month/Day	onvertil able and r) xpiration	7. Title and of Securities Underlying Derivative S (Instr. 3 and		Amount s ecurity 4) Amount or the security and security security and security security security and security s	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e C S Illy C O	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Phantom Units ⁽¹⁾	(2)	08/15/2019			ode A	V	(A) 50,300	(D)	(3)		(4)	Com: Un	mon r	50,300	\$0	50,300)	D	

Explanation of Responses:

- $1.\ Phantom\ Units\ granted\ under\ Long-Term\ Incentive\ Plan\ (includes\ distribution\ equivalent\ rights\ payable\ in\ cash).$
- 2. One Common Unit is deliverable, upon vesting, for each Phantom Unit that vests.
- 3. Phantom Units will vest 50% on the August 2022 distribution date and 50% on the later of the August 2022 distribution date and the first distribution date following PAA's achievement of distributable cash flow ("DCF") per common unit of at least \$2.65 on a trailing four quarter basis. The applicable trailing four quarter period for determining whether the requisite DCF per common unit has been achieved for vesting of phantom units may not begin until after December 31, 2020. The associated DERs will vest (i) 50% on the August 2020 distribution date and (ii) 50% on the first distribution date following January 1, 2021 on which PAA achieves DCF per common unit of at least \$2.50 on a trailing four quarter basis.

4. N/A

Remarks:

/s/ Chris R. Chandler 08/16/2019

** 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.