FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

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

	OMB APP	ROVAL
	OMB Number:	3235-0287
	Estimated average b	urden
-	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*				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)								
ARMSTRONG GREG L					PAA ]									X	Directo	or 10% O		10% Ow	vner		
(Loot)	<b>/</b> E:	rot)	(Middle)		_	•									X	X Officer (give title Other (special below)					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/13/2005										Chairman of the Board & (					
333 CLAY STREET, # 1600				03/	03/13/2003																
(Street)					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
HOUST	ON T	X	77002												X Form filed by One Reporting Person						
					-										Form filed by More than One Reporting						
(City)	(St	tate)	(Zip)													Person					
		Tab	le I - Noi	n-Deri	vativ	e Se	curit	ies Ac	quire	I, Di	spos	sed o	f, or Be	nefici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transa				saction		2A. De		3.				ties Acquir							7. Nature		
Date (Mon				n/Day/Ye	ear)	Execution Date, if any		Code (Instr. 5)			Disposed Of (D) (Instr. 3, 4 5)			ınd	Securitie Beneficia	ally (D)		m: Direct or Indirect	of Indirect Beneficial		
						(Month/Day/Year		ır) 8)	_	_				Repo		Reported			Ownership (Instr. 4)		
								Cod	e V	An	mount	unt (A) or F		е	Transaction(s) (Instr. 3 and 4)						
Common Units 05/13					13/200	05		М			17,500		(	1)	193	,992		D			
Common Units 05			05/1	13/200	005		F	$\top$		6,379	D	(	1)	187	7,613		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
													ole secu								
1. Title of	2. 3. Transaction 3A. Deeme				4.			5. Number		6. Date Exercisa		and	7. Title and Amo				9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	_ ^	Code (	Transaction Code (Instr.		Derivative		on Da Day/Y			of Securities Underlying		Deriva Secur		Securities		Ownership Form:	Beneficial	
Derivative \					8)		Securities Acquired						Derivative (Instr. 3 a		urity (Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Security						(A) or Disposed									Following Reported		(I) (Instr. 4)				
						of (D) (Instr. 3, 4 and 5)											Transaction(s) (Instr. 4)				
				Ī										Amou	nt						
									B-4-		F			or Number	er						
					Code	v	(A)	(D)	Date Exercis	able	Date	ration	Title	of Shares	,						
Phantom Units -																					
1998	(1)	05/12/2005			,,			17.500	05/12/			(2)	Common	   17,50		(2)	0		Б.		
Long- Term	(1)	05/13/2005			M			17,500	05/13/2	:005	(2	(-)	Units	17,50		(2)			D		
Incentive																					

## **Explanation of Responses:**

- ${\bf 1.\ 1-for\hbox{-}1\ Common\ Units\ for\ Phantom\ Units\ granted\ under\ long-term\ incentive\ plan.}$
- 2. N/A

## Remarks:

**Greg L.Armstrong** 

05/13/2005

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.