SEC Form 4												
FORM 4	UNITED ST	ATES		IS Al Igton, D			IGE (COMMI	SSION	OMB APPR	OVAL	
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEM	ENT C	OF CHANGE	ES IN	VNERS		OMB Number: 3235-0287 Estimated average burden					
obligations may continue. See Instruction 1(b).	Fi	led pursu or S	ant to Section 16(a Section 30(h) of the) of the Investm	1934	hours per response: 0.5						
1. Name and Address of Reporting Pers SINNOTT ROBERT V	2. Is <u>PL</u>	suer Name and Tic AINS ALL A AA]	ker or T	Frading	g Symbol	LP (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) 1800 AVENUE OF THE STARS 3RD FLOOR	(Middle)		ate of Earliest Tran 02/2018	saction	(Mont	h/Day/Year)	_	Officer (give title Other (specify below) below)				
(Street) LOS CA ANGELES (City) (State)	ILES				nal Fil	ed (Month/Da	Line)	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 				
Tat	ole I - Non-Deri	vative	Securities Ac	quire	d, Di	sposed of	or Be	eneficial	ly Owned			
1. Title of Security (Instr. 3)	2. Transactio Date (Month/Day/\		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		d (A) or	5. Amount of Securities Beneficially Owned Followin	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Units	07/02	/2018		Р		35,498	A	\$23.64	210,278	I	By Family Trust. See footnote ⁽¹⁾	
Common Units	10/18	/2019		G		210,278	D	\$0	0	I	By Family Trust	
Common Units	10/18	/2019		G		30,428	D	\$ <mark>0</mark>	0	D		
Common Units	10/18	/2019		G		120,353	A	\$0	140,556	I	By 2019 GRAT	
Common Units	10/18	/2019		G		120,353	A	\$0	140,555	Ι	By Spouse's 2019 GRAT	
Common Units	01/22	/2020		G		54,140	D	\$0	0	I	By 2010 GRAT	
Common Units	01/22	/2020		G		54,140	D	\$0	0	I	By Spouse's 2010 GRAT	
Common Units	01/22	/2020		G		108,280	A	\$0	108,280	Ι	By Family Trust	
Common Units	01/22	/2020		G		108,280	D	\$0	0	I	By Family Trust	
Common Units	01/22	/2020		G		54,140	A	\$0	54,140	Ι	By 2020 GRAT	
Common Units	01/22	/2020		G		54,140	A	\$0	54,140	I	By Spouse's 2020 GRAT	
	Table II - Deriva	ative S	ecurities Acqu	uired,	Dis	oosed of, o	or Ben	eficially	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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Private transaction between affiliated entities for estate planning purposes. The purchase of units was consideration paid for real property.

04/09/2020

** Signature of Reporting Person Date

Robert V. Sinnott

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

 \ast 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.