## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
rvasi ili iqtori,	D.C.	20343

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

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*  SYMONDS J TAFT					<u>PI</u>	2. Issuer Name and Ticker or Trading Symbol PLAINS ALL AMERICAN PIPELINE LP PAA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     Officer (give title Other (specify)				vner
(Last) (First) (Middle) 2001 KIRBY DRIVE, # 1001					3. Date of Earliest Transaction (Month/Day/Year) 08/14/2013								below)	(give title		below)	эреспу ————————————————————————————————————	
(Street) HOUSTON TX 77019			-   4. I -	f Ame	endment	, Date of	f Original	Filed	I (Month/Da		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(Si		(Zip)	n-Deriv	ivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Tr.			2. Trans			2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Disposed Of (D) (Instr. 5)			l (A) or	5. Amount Securities Beneficial Owned Fo	ly	6. Own Form: I (D) or I (I) (Inst	Direct II ndirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Units			08/14	4/2013				M		5,000	A	\$0	\$0 60,000		D			
Common Units													20,00	20,000(1)		I C	ymonds Trust Company, atd.	
Common Units													4,60	4,600(1)		I S	y Anne A. ymonds Revocable Trust	
			Table II -	Deriva (e.a ı	ative puts.	Sec	urities s. war	Acqu	ired, E	Disp	osed of, convertib	or Bene	ficially	Owned	<u> </u>		'	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed 4. Execution Date, Tra		4. Transa Code (l	5. Number of Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) Se		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ction(s)		
Phantom Units- Long Term Incentive Plan	(2)	08/14/2013			М			5,000	(3)		(4)	Common Units	5,000	\$0	15,00	00 D		
Phantom Units- Long Term Incentive Plan	(2)	08/14/2013			A		5,000		(3)		(4)	Common Units	5,000	\$0	20,00	000 D		

## Explanation of Responses:

- 1. Reporting Person's holdings have been adjusted to reflect 2-for-1 unit split effected by issuer on October 1, 2012.
- 2. One Common Unit is deliverable, upon vesting, for each phantom unit that vests.
- 3. 5,000 phantom units vest annually on August distribution date, with automatic re-grant of equivalent amount.
- 4. Upon termination of service as director, other than because of death, disability or retirement.

## Remarks:

/s/ J. Taft Symonds

08/14/2013

\*\* 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.