(Last)

(Street)

(First)

333 CLAY STREET, SUITE 1600

(Middle)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

neck this box if no longer subject to
ection 16. Form 4 or Form 5
ligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 ed average burden er response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

See Note

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Section obligat	this box if no long the second of the second		STA		ed pur	suant to	o Sect	tion 16	a) of the	Secur	NEFICI ities Exchar ompany Act	nge Act	of 1934	ERS	SHIP	- 11		imber: ed average burd er response:	3235-028 den 0
1. Name and Address of Reporting Person* Plains All American GP LLC (Last) (First) (Middle) 333 CLAY STREET, SUITE 1600					- P/] 3.										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) Other (specify below)				Owner (specify
(Street) HOUSTON TX 77002 (City) (State) (Zip)				4.		ndmer	nt, Date	of Origin	nal File	ed (Month/D	ay/Year)	Line	e) For	m filed b	y One F	Filing (Check / Reporting Pera than One Rep	son	
		Tab	le I - No	on-Deriv	vativ	e Sec	uriti	ies A	cquire	d, Di	sposed o	of, or	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					r) Exe	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	ransaction Disposed Of (D) (Instr. 3, 4				1 and 5) Securities Beneficia Owned Fo		rities ficially ed Follov	ies F ially (i Following (i	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indired Beneficia Ownersh	
									Code	v	Amount	(A (D	(A) or (D) Price		e Reported Transacti (Instr. 3 a		ction(s)		(Instr. 4)
Common Units 02				02/08/	/2011	2011		A		10,166,3	341	A S	\$21.7	5 28	28,272,870		I	See No. 1 ⁽¹⁾	
		Ta	able II -								osed of, convertil				Owned	t			•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	if any (Month/Day/Year)		action (Instr.			Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		D S (I	. Price of erivative ecurity nstr. 5)	deriva Securi Benefi Owned Follow Repor	ities icially d ving ted action(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici OwnersI (Instr. 4)
						v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er					
1		Reporting Person [*]					'	'											
(Last) 333 CLA	AY STREET	(First)	(Mi	ddle)		_													
(Street) HOUSTON TX		TX	77002			_													
(City)		(State)	(Ziţ	0)		_													
	nd Address of AAP, L.P.	Reporting Person*																	
(Last) 333 CLA	AY STREET	(First)	(Mi	ddle)															
(Street)	ON	TX	77	002															
(City)		(State)	(Ziţ	0)															
1. Name ar		Reporting Person*		_															

HOUSTON	TX	77002								
(City)	(State)	(Zip)								
1. Name and Address of Reporting Person* PLAINS ALL AMERICAN PIPELINE LP										
(Last) 333 CLAY STR	(First) EET, SUITE 16	(Middle)								
(Street) HOUSTON	TX	77002								
(City)	(State)	(Zip)								

Explanation of Responses:

1. PAA GP LLC, is the general partner of Plains All American Pipeline, L.P. ("PAA"), the record holder of the units. Plains AAP, L.P. owns all of the membership interests in PAA GP LLC and Plains All American GP LLC is the general partner of Plains AAP, L.P. Accordingly, Plains All American GP LLC, Plains AAP, L.P. and PAA GP LLC may be deemed to be indirect beneficial owners of any securities held by PAA. PAA is also the sole member of PNGS GP LLC, which is the general partner of the Issuer.

Remarks:

<u>/s/ Tim Moore</u> <u>02/10/2011</u>

** 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.