FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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* SINNOTT ROBERT V						2. Issuer Name and Ticker or Trading Symbol PLAINS ALL AMERICAN PIPELINE LP PAA									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 1800 AV	,	irst) (Middle) THE STARS, 3RD FLR				3. Date of Earliest Transaction (Month/Day/Year) 04/21/2020									Officer below)	(give title	Oth belo	er (specify w)	
(Street) LOS ANGELES CA 90067-4219					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City) (State) (Zip)													Persor						
1. Title of Security (Instr. 3)				2. Trans	Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amou Securitie Benefici	nt of es ally Following	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				04/21/2020					J ⁽¹⁾		3,66	66 A		\$0	3,666		I	By Robert & Rosa Sinnott Living Trust	
Common Units				08/14/2020)			M		2,50	0	A	\$0	6,	6,166		By Robert & Rosa Sinnott Living Trust	
Common Units															54,	,140	I	By 2020 GRAT	
Common Units														54,	,140	I	By Spouse's 2020 Grat		
Common Units														140,556		I	By 2019 GRAT		
Common Units															140	140,555		By Spouse's 2019 GRAT	
		Т	able II - I						uired, D s, optior						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		າ of E		Expiration	o. Date Exercisa Expiration Date Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	umber					
Phantom Units ⁽²⁾	(3)	08/14/2020			M			2,500	(4)		(5)	Comm Units		,500	\$0	2,500	D		

Explanation of Responses:

- 1. The reported transaction is an in-kind distribution to limited partners of Kayne Anderson Non-Traditional Investments, L.P. ("KANTI") and KANTI (QP), L.P. ("KANTI QP"). Reporting Person owns limited partner interests in KANTI and KANTI QP.
- $2.\ Phantom\ Units\ granted\ under\ Long-Term\ Incentive\ Plan\ (includes\ distribution\ equivalent\ rights\ payable\ in\ cash).$
- 3. One common unit is deliverable, upon vesting, for each Phantom Unit that vests.
- 4. Phantom Units vest annually on August distribution date.
- 5. Upon termination of service as director, other than because of death, disability or retirement.

Remarks:

/s/ Robert V. Sinnott

08/17/2020

** 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.