FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number	3235-0

Estimated average burden 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 ar  KRAM  (Last)  333 CLA	PI PA 3. [	2. Issuer Name and Ticker or Trading Symbol PLAINS ALL AMERICAN PIPELINE LP [ PAA ]  3. Date of Earliest Transaction (Month/Day/Year) 05/15/2009										below)	able)	-	10% Ov Other (s below)	wner				
(Street) HOUST(		tate)	77002 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Trans					saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		ction				(A) or	or 5. Amount of Securities Beneficially Owned Follow		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									ľ	Code	v	Amount (A) or (D)		Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Units				05/1	5/15/2009					M		30,000		A	(2)	121	121,290		D	
Common Units				05/1	.5/2009					F		10,935		D	(2)	110	110,355		D	
Common	Common Units														1,4	1,400			By Mother	
		7	Table II -									sed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	1. Transaction Code (Instr. 3)				6. Date Exercisab Expiration Date (Month/Day/Year)			of Securities			ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ate xercisabl		xpiration ate	Title	o N	Amount or Number of Shares					
Phantom Units- 2005 LTIP	(1)	05/15/2009			М			30,000	05	5/15/2009	9	(2)	Com		30,000	\$0	30,00	0	D	

## **Explanation of Responses:**

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

2. N/A

## Remarks:

/s/ Phil D. Kramer

05/15/2009

\*\* 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.