Edgar Filing: ENTERPRISE PRODUCTS PARTNERS L P - Form 4

ENTERPRISE PRODUCTS PARTNERS L P

Form 4

February 25, 2014

Partnership

FORM .	4								OMB AP	PROVAL
	UNITEI	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287
if no longer subject to Section 16. Form 4 or Form 5 obligations may continu	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940								Expires: January 31 Expires: 200 Estimated average burden hours per response 0.	
(Print or Type Res	ponses)									
1. Name and Address of Reporting Person * Smith Michael Corwin			_,,					5. Relationship of Reporting Person(s) to ssuer (Check all applicable)		
(Last) 1100 LOUISIA 1000	(First)	UNIOHUI/Day/Teal)				Director 10% Owner Officer (give title Other (specify below) Group Senior Vice President				
HOUSTON, T	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)				A; _2	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Sec	curitie		red, Disposed of,	or Beneficiall	v Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Year) Execu	eemed	3. 4. Securities Acquir Transaction(A) or Disposed of Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Units Representing Limited Partnership Interests	02/21/2014			F	1,102		\$ 65.37	81,465	D	
Common Units Representing Limited	02/22/2014			F	787	D	\$ 65.61	80,678	D	

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Interests

Common

Units

Representing Limited

02/23/2014

F 944

79,734

 $D^{(1)}$

Partnership Interests

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

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 control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of 2. Derivative Conversion Security or Exercise (Instr. 3) Price of Derivative

Security

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

(Month/Day/Year)

5. TransactionNumber Code of (Instr. 8) Derivative Securities

Acquired (A) or

Expiration Date (Month/Day/Year)

6. Date Exercisable and 7. Title and Amount of Underlying Securities (Instr. 3 and 4) 8. Price of Derivative Security (Instr. 5)

Bene Own Follo Repo Trans (Insti

9. Nu

Deriv

Secu

(Instr. 3, 4, and 5)

Code V (A) (D)

Disposed

of (D)

Date Exercisable

Expiration Title Number Date

Amount or of

Shares

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer

Other

Smith Michael Corwin 1100 LOUISIANA STREET **SUITE 1000** HOUSTON, TX 77002

Group Senior Vice President

Signatures

/s/Wendi S. Bickett, Attorney-in-Fact on behalf of Michael Corwin Smith

02/25/2014

**Signature of Reporting Person

Date

Reporting Owners 2

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Explanation of Responses:

- * 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).
- (1) The power of attorney under which this form was signed is on file with the Commission.

Remarks:

Transaction Code F - Payment of exercise price or tax liability by delivering or withholding securities incident to the receipt, etc. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.