FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB APPRO	VAL
OMB Number:	3235-0287
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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 Sec	ctior	n 30(h) d	of the Ir	nvestmer	nt Cor	npany Act	of 194	0									
					2. Issuer Name and Ticker or Trading Symbol PLAINS GP HOLDINGS LP [PAGP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
KAFU Holdings (QP), L.P.											-			X Dire	ctor		10% C)wner				
(Last) (Madic)					Date of Earliest Transaction (Month/Day/Year)								1	Offic belo	,	_	below)	(specify				
1800 AV	ENUE OF	ΓΗΕ STARS, SU	JITE 300		10/22	10/22/2018									See remaks							
(Street)	GELES CA	<u> </u>	90067		4. If Ar	men	ndment,	Date of	f Original	l Filed	(Month/Da	ay/Yea	r)		ine)	r Joint/Group		• .				
LUS AN	GELES CA	1 :	90007												Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(St	ate) (Zip)												Person Person							
		Tabl	e I - Noı	n-Deriv	ative S	Sec	urities	s Acq	uired,	Dis	posed o	f, or	Bene	ficia	ally Own	ed						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date	. Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Ac Disposed Of (D) 5)				nd Securi Benef Owner	icially d Following	Forr (D)	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	0	A) or D)	Price		ted action(s) 3 and 4)			(Instr. 4)			
Class A Shares 10/22/2				/2018	18		J ⁽¹⁾		272,288 D		D	\$	0	0		I	See remarks					
		Та									sed of, onvertib				y Owned							
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day Month/Day M		Date,	Code (Inst		on of		6. Date Exercisab Expiration Date (Month/Day/Year)		е	Amount of		str. 3	8. Price of Derivative Security (Instr. 5)	vative derivative urity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code V	,	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Sha	ber								
		Reporting Person* (QP), L.P.																				
(Last)		(First)	(Midd	dle)																		

KAFU Holdings (QP), L.P.									
(Last)	(First)	(Middle)							
1800 AVENUE OF THE STARS, SUITE 300									
(Street)									
LOS ANGELES	CA	90067							
(City) (State) (Zip)									
1. Name and Address of Reporting Person* <u>KAYNE ANDERSON CAPITAL ADVISORS</u> <u>LP</u>									
(Last)	(First)	(Middle)							
1800 AVENUE OF THE STARS									
3RD FLOOR									
(Street)									
LOS ANGELES	CA	90067							
(City)	(State)	(Zip)							

Explanation of Responses:

1. The reported transaction is an in-kind pro-rata distribution to limited partners of Kayne Anderson Capital Advisors, L.P. ("KACALP").

Remarks:

Bob Sinnott is a director of the managing general partner of the Issuer. Based on the relationship of Mr. Sinnott and the Reporting Persons, the Reporting Persons may be deemed directors by deputization of the Issuer. KAFU Holdings (QP), L.P., and KACALP, which is the manager of the general partner of KAFU, are referred to herein as the "Reporting Persons". The filing of this Statement shall not be construed as an admission that any Reporting Person is, for purposes of Section 13(d) of the Exchange Act, as amended, the beneficial owner of any security.

<u>David Shladovsky</u>

10/24/2018

** 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.