FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	2054

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden esponse: 0.5

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

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

Check this box if no longer subject to Section 16. Form 4 or Form 5

Plains All American GP LLC

333 CLAY STREET, SUITE 1600

(First)

(Last)

(Middle)

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	nd Address of P Holding	Reporting Person*			<u>PI</u>							ymbol N PIPE	LINI	E LP			all app Direc	p of Reporti plicable) ctor er (give title	Ü	X 10% (
(Last) 333 CLA	,	rst) C, STE. 1600	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/30/2019																
(Street)	ON T	X	77002		4. li	f Ame	ndment	, Date o	of Orig	inal Fi	led	(Month/Da	ay/Yea	r)		. Indiv ine)	Forn	n filed by Or	ie Re	porting Pers	son
(City)	(S	tate)	(Zip)													X	Forn Pers	n filed by Mo son	ore th	an One Rep	oorting
		Tab	le I - No	n-Deri	vative	Sec	curitie	s Ac	quire	ed, D	isp	osed o	f, or	Bene	eficia	ally	Owne	ed			
1. Title of S	Security (Ins	tr. 3)		2. Trans Date (Month		ar) E	A. Deen xecution any Month/D	n Date,	Co	ınsacti de (Ins		4. Securit Disposed 5)	l Of (D)	(Instr.			Securi Benefi Owned Report	icially d Following ted	Fo (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indire Beneficia Ownersh (Instr. 4)
									Co	de V		Amount		A) or D)	Price	е		action(s) 3 and 4)			
Common	Units (Lim	ited Partner Inte	erests)	01/3	0/2019				A ⁽	(1)		183,81	19	A	\$0) (1)	280	,631,746		I	By Plains AAP, L.P. ⁽²⁾
		Ta	able II - I									sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities iired r osed) : 3, 4	Expir	te Exe ation I th/Day	Date		Amor Secu Unde Deriv	erlying rative rity (Ins				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersi (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable		expiration Date	Title	Amo or Num of Sha	nber						
1	nd Address of P Holdin	Reporting Person*																			
(Last) 333 CLA	Y STREET	(First)	(Mide	dle)																	
(Street)	ON	TX	770	02																	
(City)		(State)	(Zip)																		
1	d Address of	Reporting Person*																			
(Last) 333 CLA	Y STREET	(First)	(Mide	dle)																	
(Street)	ON	TX	770	02																	
(City)		(State)	(Zip)			_															
1. Name an	d Address of	Reporting Person*																			

(Street) HOUSTON	TX	77002						
(City)	(State)	(Zip)						
1. Name and Address PLAINS GP								
(Last)	(First)	(Middle)						
333 CLAY ST., SUITE 1600								
(Street)								
HOUSTON	TX	77002						
(City)	(State)	(Zip)						

Explanation of Responses:

1. Pursuant to that certain Omnibus Agreement (the "Omnibus Agreement") dated November 15, 2016, by and among PAA GP Holdings LLC ("PAGP GP"), Plains GP Holdings, L.P. ("PAGP"), Plains All American GP LLC ("GP LLC"), Plains AAP, L.P. ("AAP"), PAA GP LLC and the Issuer, PAA shall issue PAA Common Units to AAP upon additional AAP Class B Units becoming earned. A total of 195,270 additional AAP Class B Units have become earned units, resulting in the issuance of 183,819 PAA Common Units to AAP (based on a conversion ratio of approximately 0.941 to 1).

2. PAGP GP is the general partner of PAGP, which is the managing member of GP LLC, which is the general partner of AAP. Each of PAGP GP, PAGP and GP LLC may be deemed to indirectly beneficially own the Common Units directly held by AAP, but disclaim beneficial ownership of such Common Units except to the extent of their respective pecuniary interests therein.

Remarks

/s/ Ann F. Gullion, Assistant Secretary 01/31/2019

** 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.