Edgar Filing: CREEL MICHAEL A - Form 4

| CREEL MICH | AEL A | | | | | | | | | | | |
|--|--|--------------|-------------------------------|------------|-----------------|-----------|--|--|--|---|--|--|
| Form 4 June 01, 2011 | | | | | | | | | | | | |
| | л | | | | | | | | OMB AF | PROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | MMISSION | OMB Number: | 3235-0287 | | |
| Check this b if no longer | | | | | | | | | | January 31, | | |
| subject to Section 16. Form 4 or Form 5 | F CHANGES IN BENEFICIAL OWNE SECURITIES | | | | | | Expires: Estimated a burden hour response | • | | | | |
| obligations may continu <i>See</i> Instruction 1(b). | e. Section 17(a) | of the l | | y Holdin | g Compa | any A | Act of 1 | Act of 1934, 935 or Section | | | | |
| (Print or Type Resp | ponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> CREEL MICHAEL A | | | Symbol ENTERPRISE PRODUCTS | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | PARTNERS L P [EPD] | | | | | X Director 10% Owner | | | | |
| | | | (Month/Dav/Year) | | | | _ | Officer (give title Other (specify below) below) President & CEO | | | | |
| HOUSTON T | Filed(Month/I | | | | Day/Year) A | | | | Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| HOUSTON, T | X //002 | | | | | | P | erson | | 6 | | |
| (City) | (State) (Z | ip) | Table I | - Non-Deri | vative Sec | curitie | es Acquir | red, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Exect any | ition Date, if | | (Instr. 3, | (A) or | d of (D) 5) | 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 | 05/29/2011 | | | Code V | Amount 9,660 | (D) D | Price \$ 41.64 | 730,101 | D <u>(1)</u> | | | |

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

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | 5 | Date | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|---|--|---|--|
| Pana | rting O | Wporo | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-------------|-----------------|------------|--|--|--|--|
| r o | Director | 10% Owner | Officer | Other | | | | |
| CREEL MICHAEL A 1100 LOUISIANA STREET SUITE 1000 HOUSTON, TX 77002 | Х | | President & CEO | | | | | |
| Signatures | | | | | | | | |
| /s/Wendi S. Bickett, Attorney-i Creel | in-Fact on | behalf of M | lichael A. | 06/01/2011 | | | | |
| **Signature of Reporting Person Da | | | | | | | | |
| Explanation of Responses: | | | | | | | | |

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, e

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.