FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT
obligations may continue. See	
Instruction 1(b).	Filed purs

## OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 and Address of Reporting Person*  TEAGUE AJ					2. Issuer Name <b>and</b> Ticker or Trading Symbol ENTERPRISE PRODUCTS PARTNERS L										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
						<u>P</u> [ EPD ]										X Director		10% Owner					
(Last)	(Fii	rst)	(Middle)												X	belov	er (give title w)		other ( elow)	(specify			
. ,	`	,	(Wilduic)					est Trans	saction (M	onth/[	Day/Year)					EVE	& Chief C	perating	Offic	cer			
1100 LOUISIANA STREET					02/	02/22/2012																	
SUITE 1000						4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable						
(Street)					4. 11	AIII	enamer	ii, Daie i	or Original	Fileu	(MOHUI)	ay/ Yea	ar)		ine)	iduai d	r John/Group	Filing (Cri	eck A	pplicable			
HOUSTO	ON TX	ζ ,	77002												X Form filed by One Reporting Person								
					.										Form filed by More than One Reporting								
(City)	(St	ate)	(Zip)													Pers	on						
		Tab	le I - Nor	n-Deriv	ative	Se	curiti	es Ac	quired,	Dis	posed c	of, or	Ben	efic	ially	Owne	ed						
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount		(A) or (D)	Pric			ted action(s) 3 and 4)			(Instr. 4)			
Common Units Representing Limited Partnership Interests				02/22/2012		2			F		4,010	0	D	\$5	51.8 6		11,164	D					
Common Units Representing Limited Partnership Interests															187,079		I		By Spouse				
Common Units Representing Limited Partnership Interests																26,500		I		By Trust <sup>(1)</sup>			
			able II - D	) Oprivat	ive S	901	ıritios	Δcαu	ired D	ieno	sed of	or B	enefi	cial	ly Ov	vned							
											onvertib					viica							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Date, if any			Transaction Code (Instr.		ı of E		i. Date Exercisabl :xpiration Date Month/Day/Year)		Amount of Securities Underlying Derivative Security (Ins and 4)			Deriv Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code			Date Exercisa		Expiration Date		Amoun or Numbe of Title Shares											

## **Explanation of Responses:**

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

Transaction Code F - Payment of exercise price or tax liability by delivering or withholding securities incident to the receipt, exercise or vesting of a security issued in accordance with Rule 16b-3

/s/Wendi S. Bickett, Attorney-

02/24/2012 in-Fact on behalf of A. James

**Teague** 

\*\* 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.