Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	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*  Boss Daniel  (Last) (First) (Middle)  1100 LOUISIANA STREET  SUITE 1000														ationship of Reportin k all applicable) Director Officer (give title below)		10% Ov Other (s below)		vner		
														,	Senior Vio	,	′ I			
(Street) HOUST(		tate)	77002 (Zip)		20		endment, [								Line)	Form fi Form fi Person	led by One led by Mor	Repo	(Check Apporting Person	1
			le I - Non			_			<del>.</del>	, Di	isp		-							
=: : ::::: o: o: o:ou:::; (:::o::: o)			Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Inst			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				es Fo ially (D Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
								Cod	Code V		Amount	()	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Units Representing Limited Partnership Interests															11,	,430		D		
		-	Table II - [				urities <i>i</i> s, warra									Owned		•	,	<u> </u>
L. Title of Derivative Security Security  Instr. 3)  L. Title of Conversion Date Security Price of Derivative Security  Instr. 3)  Output  Date (Month/Day/Year)  Month/Day/Year)  Security  A. Transaction Date Execution Date, if any (Month/Day/Year)		oate,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	E C S F Illy D O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Ex Da	epiration ate	Title	O N O	umber					
Phantom Units	(1)								(2)			(2)	Comm		7,500		7,500		D	
Phantom Units	(1)								(3)			(3)	Comm		0,000		10,000	0	D	
Phantom	(1)	02/16/2016			A		25,000		(4)			(4)	Comm	on 2	5.000	\$0.00	25,000	0	D <sup>(5)</sup>	

## **Explanation of Responses:**

- 1. Each phantom unit is the economic equivalent of one Enterprise Products Partners L.P. ("EPD") common unit.
- 2. These phantom units vest in three remaining equal annual installments beginning on February 19, 2016. Each annual installment will expire upon vesting and settlement thereof in exchange for an equal number of EPD common units.
- 3. These phantom units vest in four equal annual installments beginning on February 18, 2016. Each annual installment will expire upon vesting and settlement thereof in exchange for an equal number of EPD
- 4. These phantom units vest in four equal annual installments beginning on February 16, 2017. Each annual installment will expire upon vesting and settlement thereof in exchange for an equal number of EPD
- 5. The power of attorney under which this form was signed is on file with the Commission.

## Remarks:

Transaction Code A - Grant, award or other acquisition pursuant to Rule 16b-3(d)

/s/Wendi S. Bickett, Attorneyin-Fact on behalf of Richard

02/18/2016

**Daniel Boss** 

\*\* 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.