FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	-			-			_		_	_	-	 	-	_	-
N	as	shir	nato	n.	D	C.	20	054	9						

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									

0.5

hours per response:

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 Section 30(h) of the Investment Company Act of 1940

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-

	e conditions of ee Instruction 1																			
1. Name and Address of Reporting Person* TEAGUE AJ						2. Issuer Name and Ticker or Trading Symbol ENTERPRISE PRODUCTS PARTNERS								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
TEMOCE IN						<u>L.P.</u> [EPD]									-	tor er (give titl	e		Owner (specify	
(Last) (First) (Middle)					2. Data of Farlingt Transporting (Marth/Day)(Age)										below) b				ı)	
1100 LOUISIANA STREET						3. Date of Earliest Transaction (Month/Day/Year) 08/27/2024									CO-CHIEF EXECUTIVE OFFICER					
SUITE 1000						Amond	mont	Doto	of Orio	ainal E	ilad (Manth/D	.) (6. Individual or Joint/Group Filing (Check Applicable							
(Street)					4. "	If Amendment, Date of Original Filed (Month/Day/Year)									Line)					
HOUST	ON TX	7	7002											1	-	•		porting Pe an One Re		
(City)	(St	ate) (2	Zip)												Perso		1010 111	u 00	,porturig	
		Table	I - Non-D	eriva	tive	Secu	rities	Ac	quire	ed, D	isposed o	f, or E	Benefic	ciall	y Own	ed				
1. Title of \$	Security (Ins	tr. 3)	Date	nsaction h/Day/Ye	ear)	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								ľ	Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	d tion(s)			,	
	Units Repr ip Interests	esenting Limited	d 08/	27/202	24	-			P		4,180	A	\$29.34	195	5 74,911			I	By Trust	
	Units Repr ip Interests	esenting Limited	d												2,706	5,370(1)		D		
	Units Repr ip Interests	esenting Limited	d												41,	,155		I	By Spouse	
	Units Repr ip Interests	esenting Limited	d												6,0	060			By Minor Children ⁽²⁾	
		Ta									posed of, , convertil				Owne	d	-			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration e (Month/Day s			Amor Secu Unde Deriv	rlying ative rity (Instr.	De Se (Ir	Price of erivative ecurity astr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficia Ownershi t (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisabl	Expiration e Date	Title	or Number of Shares							

Explanation of Responses:

- 1. Includes common units acquired under the issuer's employee unit purchase plan.
- 2. The power of attorney under which this form was signed is on file with the Commission.

Remarks:

Transaction Code P - Open market or private purchase of non-derivative or derivative security

/s/Jennifer W. Dickson, Attorney-in-Fact on Behalf of 08/27/2024 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.