(City)

FORM 4

(State)

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

	-								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

	Check this box if no Section 16. Form 4 obligations may con Instruction 1(b).	or Form 5	STATEME	OMB Number: Estimated avera hours per respo	0			
				or Section 30(h) of the Investment Company Act of 1940				
	ame and Address <u>REEL MICH</u>	of Reporting Person [*] AEL A	r	2. Issuer Name and Ticker or Trading Symbol <u>ENTERPRISE PRODUCTS PARTNERS L P</u> [EPD]		ionship of Re all applicable Director	eporting Person e)	(s) to Issuer 10% Owner
(La:	st)	(First)	(Middle)		X	Officer (giv below)	ve title	Other (specify below)
110	00 LOUISIANA NTE 1000		(widdic)	3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015		Chie	f Executive O	fficer
(Stre	eet)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line)	dual or Joint	/Group Filing (C	heck Applicable
1	DUSTON	ТХ	77002		X	Form filed	by One Reportir	ng Person
						Form filed Person	by More than O	ne Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities A Disposed Of (5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Units Representing Limited Partnership Interests								1,599,054	D	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Phantom Units	(1)							(2)	(2)	Common Units	142,000 ⁽³⁾		142,000 ⁽³⁾	D	
Phantom Units	(1)	02/18/2015		A		120,700		(4)	(4)	Common Units	120,700	\$0.00	120,700	D ⁽⁵⁾	

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 four equal annual installments beginning on February 19, 2015. Each annual installment will expire upon vesting and settlement thereof in exchange for an equal number of EPD common units.

3. As adjusted to give effect to the EPD 2-for-1 common unit split that occurred on August 21, 2014.

4. 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 common units.

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, Attorney-02/20/2015 in-Fact on behalf of Michael A Creel

** 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.