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 obligations may continue. See Instruction 1(b).

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

| Name and Address of Reporting Person* KNESEK MICHAEL J (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol ENTERPRISE PRODUCTS PARTNERS L P [EPD] | | | | | | | | | 5. Relationship of Report (Check all applicable) Director Officer (give title below) | | | 10% | Owner r (specify | |
|--|---|--------|------|--------------------------------|-----------|--|--|---|------|----------------|--|--|------|--|---|---------------|--|---------------------------------------|---|--|
| 1100 LOUISIANA STREET SUITE 1000 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2015 | | | | | | | | | SVP, PAO, & Controller | | | | | |
| (Street) HOUSTON TX 77002 | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Pers | on | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Di | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5) | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pri | се | Transac (Instr. 3 | tion(s) | | | (111511.4) | |
| Common Units Representing Limited Partnership Interests | | | | | | | | | | | | | | | 570 | 70,710 | | D | | |
| Common Units Representing Limited Partnership Interests | | | | | | | | | | | | | | | 198 | | | I | By Spouse | |
| Common Units Representing Limited Partnership Interests 08/06 | | | | | 2015 | | | | P | | 167 | A | \$2 | 26.25 | 167 | | | I | By Daughter ⁽¹⁾ | |
| 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) | ivative Conversion Date Execution (Month/Day/Year) if any | | | Date, Transactio Code (Inst | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amou or Numb of Title Share: | | r. 3 | s. Price of Derivative Security Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

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

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

/s/Wendi S. Bickett, Attorney-08/06/2015 in-Fact on behalf of Michael J. Knesek

** 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.