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:	3235-0287								
Estimated average burden									
hours por rosponso:	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  KNESEK MICHAEL J  (Last) (First) (Middle)					ENTERPRISE PRODUCTS PARTNERS L P [ EPD ]  3. Date of Earliest Transaction (Month/Day/Year)								Relationship of Reporting Perscheck all applicable) Director  X Officer (give title below)  Sr. V.P., P.A.O., &			10% Ow Other (sp below)	ner	
1100 LOUISIANA STREET; SUITE 1000				02	02/19/2009								021	11,11110	.,			
(Street) HOUSTON TX 77002				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)										Person					
		Tab	le I - Non-	Derivativ	e Se	curities	s Ac	quired,	Disp	osed o	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Dispose	urities Acquired (A) o sed Of (D) (Instr. 3, 4 a		Benefic Owned	es ally Following	Form:	Direct of Indirect Etr. 4)	. Nature f Indirect seneficial ownership	
								Code	v	Amount	(A) o	r Price	Reporte Transac (Instr. 3	tion(s)			nstr. 4)	
Common Units Representing Limited Partnership Interests												39,	39,605(1)		D			
Common Units Representing Limited Partnership Interests												566	5.33 <sup>(2)</sup>			By vife <sup>(3)</sup>		
		-	Гable II - D (e	erivative .g., puts,									Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Code				6. Date Exercisab Expiration Date (Month/Day/Year)			of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		opiration	Title	Amount or Number of Shares						
Employee Unit Options - Right to Buy	\$22.06	02/19/2009		A		30,000		02/19/201	3 02	2/19/2014	Common Units	30,000	\$0	30,000	)	D <sup>(4)</sup>		

## **Explanation of Responses:**

- 1. Includes common units granted to the Reporting Person that have restricted vesting dates and are subject to forfeiture.
- 2. All of these Common Units were acquired by the reporting person's wife in the issuer's Employee Unit Purchase Plan and Distribution Reinvestment Plans.
- 3. The reporting person disclaims any beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.
- 4. The power of attorney under which this form was signed is on file with the Commission.

## Remarks:

#O08-30

Soula, Attorney-in-

Fact on behalf of Michael J.

\*\* Signature of Reporting Person

Date

02/23/2009

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.