FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

|) | 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

| | | | | | | Jeone | 00() | 01 1110 1 | iii v couriei | | iipaily Act | 01 10- | | | | | | | | | | |
|--|--|--|--|-------|--------------------------------|--|--|-----------|------------------------------------|-------|---|---|-------------------|--|---|---|---|--|---|--|--|--|
| 1. Name an | 2. Issuer Name and Ticker or Trading Symbol TEPPCO PARTNERS LP [TPP] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | | |
| Thomp | | TELL GO THINITIENO EL [111] | | | | | | | | | X | X Director | | | 10% C | wner | | | | | | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X Officer (give title below) | | | Other (specify below) | | | |
| 1100 LOUISIANA STREET; SUITE 1600 | | | | | | | 02/26/2007 | | | | | | | | | | President and CEO | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| HOUST | ON TX 77002 | | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | on | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution D | | | 3. Transa Code (| | | | (A) or 3, 4 ar | 4 and Sec Ben Owi Rep Trai | | 5. Amount of Securities Beneficially Owned Following Reported | | rship irect direct . 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount | () (I | A) or O) | | | Price | iction(s) 3 and 4) | | | (Instr. 4) | | |
| Units Representing Limited Partnership Interests 02/26/ | | | | | | 2007 | | | P | | 2,000 | | A | \$42 | .33 | 10,000 | | D | 1) | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactic Code (Inst | | | | 6. Date E Expiratio (Month/D | n Dat | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | n: ct (D) idirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber .res | | | | | | | | |

Explanation of Responses:

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

Remarks:

Patricia A. Totten, Attorney-in-Fact on behalf of Jerry E. 02

Thompson

behalf of Jerry E. 02/26/2007

** 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.