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(City)

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). |
| |

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

nt to Section 16(a) of the Securities Excha ngo Act of 1024

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

| 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 | | | | |
| 1. Name and Address of Rep RAMPACEK CHA | 0 | 2. Issuer Name and Ticker or Trading Symbol ENTERPRISE PRODUCTS PARTNERS L | | ationship of Reporting Pe (all applicable) | Reporting Person(s) to Issuer ble) | |
| | | P[EPD] | X | Director | 10% Owner | |
| (Last) (First) | (Middle) | | | Officer (give title below) | Other (specify below) | |
| | | 3. Date of Earliest Transaction (Month/Day/Year) | | ···· , | , | |
| 1100 LOUISIANA STR | EE1 | 02/22/2011 | | | | |
| SUITE 1000 | | | | | | |
| | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Group Fili | ng (Check Applicable | |
| (Street) HOUSTON TX | 77000 | | X | Form filed by One Re | porting Person | |
| HOUSTON TX | 77002 | | | Form filed by More th Person | an One Reporting | |

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

| 1. Title of Security (Instr. 3) | tle of Security (Instr. 3) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | 3. Transa Code (| ction | 4. Securities | Acquired | (A) or | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|--|--|--|------------------------|-------|---------------|---------------|--------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Units Representing Limited Partnership Interests | 02/22/2011 | | A ⁽¹⁾ | | 1,705 | Α | \$0.00 | 13,640 | D ⁽²⁾ | |

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) | | of | | 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 Transaction(s) (Instr. 4) | 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 | | | | |

Explanation of Responses:

1. These Common Units were acquired from the issuer as compensation for service as a director of its general partner.

2. 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-

in-Fact on behalf of Charles M. 02/24/2011 **Rampacek**

** 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.