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BACHMANN I Form 4 February 27, 20										
FORM	Л	STATES					GE CO	MMISSION	OMB AP OMB Number:	PROVAL 3235-0287
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu. <i>See</i> Instruction 1(b).	STATEN Filed pur e. Section 17(on	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								
(Print or Type Resp	ponses)									
1. Name and Addi BACHMANN			2. Issuer Na Symbol ENTERPR PARTNER	ISE PRO	DUCTS	-		. Relationship of I ssuer (Check	Reporting Perso all applicable	
(Last) 1100 LOUISIA 1000	· · · ·	Middle) , SUITE	3. Date of Ea (Month/Day/ 02/23/2012	Year)	action		_	_X Director Officer (give ti elow)		Owner r (specify
HOUSTON, T	(Street) X 77002		4. If Amendr Filed(Month/I		Original		A 	. Individual or Joi pplicable Line) X_ Form filed by Oi Form filed by Mo	ne Reporting Per	son
(City)	(State)	(Zip)	Table I	. Non-Deri	vative Sec	uritie		erson red, Disposed of,	or Beneficiall	v Owned
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execu any	eemed	3. Transactic Code	4. Securi on(A) or Di (Instr. 3,	ties Ad sposed 4 and (A) or	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Units Representing Limited Partnership Interests	02/23/2012			F	4,830		\$ 51.27	792,730.39	D	
Common Units Representing Limited Partnership								10,100	Ι	By Trust

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Interests		
Common Units Representing 10,10 Limited Partnership Interests	00 I	By Trust (2) (3)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5.	6. Date Exerce Expiration D		7. Title Amoun		8. Price of Derivative	9. Nu Deriv
		(Wonth Day Teal)	· · ·			•					
Security	or Exercise		any	Code	of	(Month/Day/	rear)	Underly		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		

Code V (A) (D)

Reporting Owners

Reporting Owner Name / Address		Relationsh	lips				
	Director	10% Owner	Officer	Other			
BACHMANN RICHARD H 1100 LOUISIANA STREET SUITE 1000 HOUSTON, TX 77002	Х						
Signatures							
/s/Wendi S. Bickett, Attorney-i Bachmann	Wendi S. Bickett, Attorney-in-Fact on behalf of Richard H.						

02/27/2012

Date

**Signature of Reporting Person

Shares

Explanation of Responses:

- * 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).
- (1) These common units are held in a grantor retained annuity trust for the benefit of Mr. Bachmann's daughter. Mr. Bachmann is the trustee and a beneficiary of the trust.
- (2) These common units are held in a grantor retained annuity trust for the benefit of Mr. Bachmann's son. Mr. Bachmann is the trustee and a beneficiary of the trust.
- (3) The power of attorney under which this form was signed is on file with the Commission.

Remarks:

Transaction Code F - Payment of exercise price or tax liability by delivering or withholding securities incident to the receipt, e

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.