FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |

37 Estimated average burden 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* BARNETT E WILLIAM | | | | EN | 2. Issuer Name and Ticker or Trading Symbol ENTERPRISE PRODUCTS PARTNERS L P [EPD] | | | | | | | | | | all app | licable) tor | | Owner | | |
|--|--|--|---------------|-------|---|---|------|---|------------------|---|--------|---|---|--------|---------------------------|--|---|---|--|--|
| (Last) (First) (Middle) 1100 LOUISIANA STREET SUITE 1000 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015 | | | | | | | | | | Office belov | er (give title v) | Othe belov | (specify /) | |
| (Street) HOUSTO | | | 77002 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | , | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa- Date (Month/Date | | | | | | ay/Year) Execu | | A. Deemed xecution Date, any Month/Day/Year) | | | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | (11150.4) | |
| Common Units Representing Limited Partnership Interests | | | | | 02/18/2015 | | | | A ⁽¹⁾ | | 2,472 | 2 | A | \$0.00 | | 46 | 5,610(2) | D ⁽³⁾ | | |
| | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | of E | | Expiratio | s. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | ice of /ative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Nun of Sha | nber | | | | | | | |

Explanation of Responses:

- 1. These common units were acquired from the issuer as compensation for service as a director of its general partner.
- 2. On August 21, 2014 the common units of Enterprise Products Partners L.P. split 2-for-1, resulting in the reporting person's ownership of 22,069 additional units.
- 3. The power of attorney under which this form was signed is on file with the Commission.

Transaction Code A - Grant, award or other acquisition pursuant to Rule 16b-3(d)

/s/Wendi S. Bickett, Attorneyin-Fact on behalf of E. William 02/20/2015 **Barnett**

** 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.