Edgar Filing: ATLAS PIPELINE PARTNERS LP - Form 4

ATLAS PIPELINE PARTNERS LP Form 4 November 05, 2007

Common

Common

Units

Units

11/01/2007

FORM	14								PPROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287		
Check the if no long	ter					~~ . ~ ~ ~ ~ ~		Expires:	January 31, 2005	
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 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 30(h) of the Investment Company Act of 1940								Estimated average burden hours per response 0.5		
(Print or Type F	Responses)									
1. Name and Address of Reporting Person <u>*</u> COHEN JONATHAN Z			2. Issuer Name and Ticker or Trading Symbol ATLAS PIPELINE PARTNERS LP			5. Relationship of Reporting Person(s) to Issuer				
			[APL]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of (Month/Da	ay/Year)	ransaction		X Director X Officer (giv below)		6 Owner er (specify	
FLOOR	NUT STREE	1,101H	11/01/20)07			V	ice Chairman		
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PHILADEL	PHIA, PA 19	0103					Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-E	Derivative S	ecurities Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/ ^v	any	emed on Date, if /Day/Year)	3. Transacti Code (Instr. 8)	4. Securit ionAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

or

А

<u>(1)</u>

Code V Amount (D) Price

3,750

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

Μ

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.

(Instr. 3 and 4)

21,477

3,750

D

I

By Trust

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 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. Transactio Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Units	<u>(1)</u>	11/01/2007		М	3,750	<u>(1)</u>	<u>(1)</u>	Common Units	3,750	<u>(1</u>

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
COHEN JONATHAN Z 1845 WALNUT STREET, 10TH FLOOR PHILADELPHIA, PA 19103	Х		Vice Chairman			
Signatures						
Lisa Washington, 11. Attorney-in-Fact	/05/2007					

Date

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).

The undersigned is a participant in the Atlas Pipeline Partners, L.P. (the ?Partnership?) Long-Term Incentive Plan (the ?Plan?). The undersigned received 15,000 phantom units, with distribution equivalent rights, under the Plan on November 1, 2006. Each phantom unit

(1) Indersigned received 15,000 phantom units, with distribution equivalent rights, under the Fran on Povember 1, 2000. Each phantom unit represents the right to receive, upon vesting, one common unit of limited partner interest of the Partnership. The phantom units in the Plan vest 25% per year. The units are receivable without additional consideration.

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.