## Edgar Filing: COHEN JONATHAN Z - Form 4/A

COHEN JOI	NATHAN Z										
Form 4/A											
September 1	8, 2009										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
							COMMISSION	OMB	3235-0287		
Check th	uis hox		Wa	shington	nington, D.C. 20549				Number:		
if no long	aer				DENTER				Expires:	January 31, 2005	
subject to	o SIAI.	EMENTO	F CHAP	GES IN BENEFICIAL OWNER			NERSHIP OF	Estimated average			
Section 1				SECURITIES					burden hours per		
Form 4 c Form 5			Castian 1	(a) = f + b	. C	ting T		• A et ef 1024	response 0.5		
obligatio		L		. ,			U	e Act of 1934,	•		
may cont	tinue. Section			ivestment	•	-	•	1935 or Section	1		
See Instr	ruction	50(II)		ivestillen	Compa	ily Au	CI 01 194	0			
1(b).											
(Print or Type l	Responses)										
	• ·										
COHEN JONATHAN Z Symbol				er Name <b>and</b> Ticker or Trading			ing	5. Relationship of Reporting Person(s) to			
				1				Issuer			
				AS PIPELINE PARTNERS LP			(Chaok all applicable)				
[AP			[APL]	PL]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date c	f Earliest T	ransaction			_X_ Director	10%	Owner	
(Month/I			th/Day/Year)			_X_ Officer (give title Other (specify below) below)					
1845 WAL	NUT STREET	, 10TH	08/25/2	.009				· · · · · · · · · · · · · · · · · · ·	ce Chairman		
FLOOR											
	(Street)		4. If Am	Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	d(Month/Day/Year)				Applicable Line)			
08/25/2			- 2009				_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
PHILADEL	LPHIA, PA 191	103						Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Deer	ned	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect	
(Instr. 3)			Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct			
		(Month/I	Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
								Reported	(Instr. 4)	(IIIsu. 4)	
						(A)		Transaction(s)	(1115117-1)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							\$				
Units	08/25/2009			Р	5,000	А	÷ 5.8648	45,977	D		
,							2.20.0				

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
COHEN JONATHAN Z 1845 WALNUT STREET 10TH FLOOR PHILADELPHIA, PA 19103	Х		Vice Chairman				
Signatures							
Lisa Washington, Attorney-in-Fact	(	09/18/2009					
<u>**</u> Signature of Reporting Person		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).

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.