

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES

| | |
|--------------------------|-----------|
| OMB APPROVAL | |
| OMB Number: | 3235-0104 |
| Estimated average burden | |
| hours per response: | 0.5 |

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* <u>OWENS ROBERT W</u> | 2. Date of Event Requiring Statement (Month/Day/Year) <u>03/02/2015</u> | 3. Issuer Name and Ticker or Trading Symbol <u>Energy Transfer Partners, L.P. [ETP]</u> | |
| | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>President of Retail Marketing</u> | |
| | | 5. If Amendment, Date of Original Filed (Month/Day/Year) <u>03/25/2015</u> | |
| | | 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person | |
| (Last) (First) (Middle) <u>10 INDUSTRIAL HIGHWAY</u> <u>BUILDING G, MS 4</u> | | | |
| (Street) <u>LESTER</u> <u>PA</u> <u>19029</u> | | | |
| (City) (State) (Zip) | | | |

| Table I - Non-Derivative Securities Beneficially Owned | | | |
|--|--|---|--|
| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
| <u>Common Units</u> | <u>74,855⁽¹⁾</u> | <u>D</u> | |

| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | |
|---|--|--------------------|--|--|---|
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| | | | | | |

Explanation of Responses:

1. The number of units beneficial owned has been corrected to include unvested restricted unit awards granted to the reporting person that were omitted from the previous filing.

Peggy J. Harrison, Attorney-in-
fact for Mr. Owens 03/25/2015

** 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 5 (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.