\square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

OMB APPROVAL

| L | | |
|---|-------------------------|----------|
| l | hours per response: | 0.9 |
| l | Estimated average burde | en |
| I | OMB Number: | 3235-028 |

| 1. Name and Address of Reporting Person [*] Collins Ted Jr | | | 2. Issuer Name and Ticker or Trading Symbol Energy Transfer Partners, L.P. [ETP] | | tionship of Reporting Perso all applicable) Director | on(s) to Issuer 10% Owner | |
|--|---------|------------|--|-------------------|--|------------------------------|--|
| (Last) 508 W. WALL | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2017 | | Officer (give title below) | Other (specify below) | |
| SUITE 1200 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | (Check Applicable | | |
| (Street) MIDLAND | ТХ | 79701-5076 | | X | Form filed by One Repor Form filed by More than Person | | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities A Disposed Of (| | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | | | |
| Common Units | 04/28/2017 | | Α | | 171,936 | A | \$35.61 | 195,340 | D | | |
| Restricted Units | 04/28/2017 | | Α | | 12,455 ⁽¹⁾ | A | \$0.00 | 12,455 | D | | |

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. Transa Code (8) | | of Expiration Da | | 6. Date Exercisable and 7. Title Expiration Date Amou (Month/Day/Year) Secur Under Deriva Secur and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|------------------|-----|--|--------------------|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents restricted units granted under the Energy Transfer Partners, L.P. Second Amended and Restated 2008 Long-Term Incentive Plan and/or the Energy Transfer Partners, L.P. Amended and Restated 2011 Long-Term Incentive Plan (the "Restricted Units") that vest periodically so long as the reporting person is continuously providing services to the issuer or one of its affiliates on each applicable vesting date.

Remarks:

Peggy J. Harrison, Attorney-in-05/02/2017 fact for Mr. Collins

** 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.