FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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* GARBERDING MICHAEL | | | | | CRO | Issuer Name and Ticker or Trading Symbol CROSSTEX ENERGY LP [XTEX] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | (Checl | ationship of F all applicab Director Officer (g | , | | 10% Ov | | |
|--|---|--|--|-------------------------|---------------------------------|---|---|---|--------------------------|----------------|----------|--|---------------|---|---|--|-----------|--|--|--|
| (Last) | (First) | (Mi | ddle) | | 04/01/2011 | | | | | | | | X | below) | | Other (specify below) | | specify | | |
| 2501 CEDAR SPRINGS | | | | | | | | | | | | | | | Sr. Vice | Presi | dent | | | |
| SUITE 100 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | | | | | | | | | | | | | | X | | , | • | ng Person Ine Reportin | a Person | |
| DALLAS | TX | 75 | 201 | | | | | | | | | | T OITH IIIC | a by More | uidii C | ne reportin | g i cioon | | | |
| (City) | (State) | (Zi _l | o) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Der | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | , or | Benefi | cially Ov | /ned | | | | | |
| Date | | | | nsaction h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 5. Amount Securities Beneficiall Following Transactio | y Owned 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 | (Instr. 3 an | | | | (111541.4) | |
| Common Units 04/0 | | | | | 01/2011 | | | | F | | 1,942 | | D | \$16.94 | 49,628 | | | D | | |
| Common Units 07/0 | | | | /01/2011 | | | | F | | 1,510 | | D | \$18.2 | 48,118 | | | D | | | |
| Common Units 09/06 | | | | 06/2011 | | A ⁽¹⁾ | | 18,326 | | A | \$15.85 | 66,444 | | | 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 D if any (Month/Day/ | ate, Year) _ | 4. Transac Code (In 8) | | str. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | on Da Day/Y | | Securities Underl Derivative Securi (Instr. 3 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) | |

Explanation of Responses:

1. This is a grant of restricted units under the company's long term incentive plan which will vest August 15, 2014.

Barry E. Davis, power of attorney 09/08/2011

** Signature of Reporting Person

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.