SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Χ 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

N	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

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1. Name and Address of Reporting Person* MURCHISON ROBERT F					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CROSSTEX ENERGY LP</u> [ XTEX ]								(Checl	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(First)	(M	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/07/2008									Director Officer (give title below)			10% Owner Other (specify below)	
C/O CROSSTEX ENERGY, L.P. 2501 CEDAR SPRINGS, SUITE 100				4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)									<ol> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> </ol>					
(Street)															Form file	d by More	e than C	One Reportir	ng Person
DALLAS	ТХ	75	5201																
(City)	(State)	(Z	ip)																
		Ta	able I - No	n-De	rivativ	e S	ecuritie	s Acq	uired,	Disp	osed of	, or l	Benefi	cially Ov	vned				
Date				ansaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securiti Disposed				nd 5) Securities Beneficial Following		Form	nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price	<ul> <li>Transaction(s) (Instr. 3 and 4)</li> </ul>				(Instr. 4)	
Common Units															16,0	00		1	By Murchison Family Trusts <sup>(1)</sup>
Common Units				05/	07/200	8			D		2,000	<sup>2)</sup> <b>D</b> \$		\$ <u>0</u>	31,8	31,832		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		Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		ate	Sec. Deri	itle and A curities Un ivative Se tr. 3 and 4	curity	8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisabl		Expiration Date	oi N		Amount or Number of Shares	(Instr. 4)				

## Explanation of Responses:

1. Robert F. Murchison is a grantor of four trusts that have been created for the benefit of members of his family. Mr. Murchison disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

2. This is a lapse of unvested restricted units due to Robert F. Murchison's resignation from the Board of Directors.

Barry E. Davis, by power of

attorney

\*\* Signature of Reporting Person

Date

10/16/2008

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.