SEC Form 4

## 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

|                                                                                  |                                                                                                                                                                               |     |                                  | 7 |                                                                                                          |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  |       |                                                                                      |                                                                      |                                                                    |           |                                                     |  |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------|---|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------|--------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|-----------|-----------------------------------------------------|--|--|
| 1. Name and Address of Reporting Person*<br>MCADEN SUSAN J                       |                                                                                                                                                                               |     |                                  |   |                                                                                                          | 2. Issuer Name and Ticker or Trading Symbol<br><u>CROSSTEX ENERGY LP</u> [ XTEX ] |      |                                                                                     |        |                                                                  |                                                                                                                                  |       | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)              |                                                                      |                                                                    |           |                                                     |  |  |
| MCADEN SUSAN J                                                                   |                                                                                                                                                                               |     |                                  |   |                                                                                                          |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  | -     | Director                                                                             |                                                                      |                                                                    | 10% Owner |                                                     |  |  |
| (Last)                                                                           | (Last) (First) (Middle)                                                                                                                                                       |     |                                  |   | <ul> <li>3. Date of Earliest Transaction (Month/Day/Year)<br/>11/17/2009</li> </ul>                      |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  | X     | Officer (g<br>below)                                                                 | ive title                                                            | Other (specify below)                                              |           | specify                                             |  |  |
| C/O CROSSTEX ENERGY, L.P.                                                        |                                                                                                                                                                               |     |                                  |   |                                                                                                          |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  |       | V.                                                                                   | P. Accou                                                             | nting &                                                            | ι CAO     |                                                     |  |  |
| 2501 CEDAR SPRINGS, SUITE 100                                                    |                                                                                                                                                                               |     |                                  |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                                 |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  |       | 6. Individual or Joint/Group Filing (Check Applicable Line)                          |                                                                      |                                                                    |           |                                                     |  |  |
| (Street)                                                                         |                                                                                                                                                                               |     |                                  |   |                                                                                                          |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  |       | X Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |                                                                      |                                                                    |           |                                                     |  |  |
| DALLAS TX 75201                                                                  |                                                                                                                                                                               |     | 201                              |   |                                                                                                          |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  |       | Form med by more than One Reporting Person                                           |                                                                      |                                                                    |           |                                                     |  |  |
| (City)                                                                           | (State)                                                                                                                                                                       | (Zi | p)                               |   |                                                                                                          |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  |       |                                                                                      |                                                                      |                                                                    |           |                                                     |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                                                                                                                                                               |     |                                  |   |                                                                                                          |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  |       |                                                                                      |                                                                      |                                                                    |           |                                                     |  |  |
| 1. Title of Security (Instr. 3) 2. Tran<br>Date<br>(Month                        |                                                                                                                                                                               |     |                                  |   | saction<br>/Day/Year)                                                                                    | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                       |      |                                                                                     |        | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 an |                                                                                                                                  |       | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported               |                                                                      | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4)  |           | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |  |
|                                                                                  |                                                                                                                                                                               |     |                                  |   |                                                                                                          |                                                                                   | Code | v                                                                                   | Amount |                                                                  | A) or<br>D)                                                                                                                      | Price | Transaction(s)<br>(Instr. 3 and 4)                                                   |                                                                      |                                                                    |           | (Instr. 4)                                          |  |  |
| Common Units 11/1                                                                |                                                                                                                                                                               |     |                                  |   | 7/2009                                                                                                   |                                                                                   | S    |                                                                                     | 300    |                                                                  | D \$5.95 30,675                                                                                                                  |       | 575                                                                                  | D                                                                    |                                                                    |           |                                                     |  |  |
|                                                                                  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)                          |     |                                  |   |                                                                                                          |                                                                                   |      |                                                                                     |        |                                                                  |                                                                                                                                  |       |                                                                                      |                                                                      |                                                                    |           |                                                     |  |  |
| 1. Title of<br>Derivative<br>Security (Instr. 3)                                 | ttr. 3)<br>Price of<br>Derivative<br>Security<br>2. 3. Transaction<br>Date<br>(Month/Day/Year)<br>(Month/Day/Year)<br>3A. Deemed<br>Execution D<br>if any<br>(Month/Day/Year) |     | ate, Transaction<br>Code (Instr. |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)                    |      | 7. Title and Amoun<br>Securities Underly<br>Derivative Security<br>(Instr. 3 and 4) |        | derlying<br>surity                                               | 8. Price of 9. Number<br>Derivative derivative<br>Security Securities<br>(Instr. 5) Beneficial<br>Owned<br>Following<br>Reported |       | e C<br>s F<br>lly D<br>o<br>j (l                                                     | 0.<br>Ownership<br>form:<br>Direct (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |           |                                                     |  |  |

Date

Exercisable

Explanation of Responses:

Barry E. Davis, Power of Attorney 11/18/2009

Transaction(s)

(Instr. 4)

\*\* Signature of Reporting Person Date

Amount

Number

of Shares

or

Expiration Date

Title

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.

Code V

(A)

(D)

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