FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| l | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burde | en |
| l | 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).

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* Morris Thomas C | | | | 2. Issuer Name and Ticker or Trading Symbol DCP Midstream Partners, LP [DPM] | | | | | | | | | ationship all appli Directo | cable) | g Per | son(s) to Iss | | | |
|---|---|------------|-------------|---|---|-----|-----------------|-------|--|----------|--|-----------------|--|--|--|---|---|---------------------------------------|---------------------------------|
| (Last) (First) (Middle) 370 17TH STREET, STE. 2775 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2011 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| (Street) DENVER CO | | | | 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 Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (S | • | (Zip) | Davis | -4: | | i4i | - ^ - | annima d F | \:\ | | -f -: D- | | - 11 | 0 | | | | |
| | | Tab | le I - Non- | -Deriva | ative | Sec | curities | S AC | quirea, L |)ISP | osea c | or, or Be | netici | any | Owned | 1 | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Code (Instr. 5) | | | | 4 and Securiti Benefic | | es Fori ially (D) (Following (I) (I | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V Amount (A) or (D) | | r Pric | е | Transac (Instr. 3 | ction(s) | | | (1115411.4) | | | | | | |
| | 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) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) | | | ate, T | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | Amour or Number of Shares | r | | | | | |
| Phantom Common Units | (1) | 03/01/2011 | | | A | | 1,000 | | (2) | | (3) | Common Units | 1,000 | | \$41.8 | 1,000 | | I | By Thomas C. Morris Trust |

Explanation of Responses:

- 1. Each phantom unit is the economic equivalent of one unit of DCP common units.
- 2. The phantom units will fully vest in six (6) months from the grant date.
- 3. For electronic filing purposes only. Expiration date not applicable.

/s/ Michael S. Richards, 03/01/2011 Attorney-in-Fact

** 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.