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TORTOISE PIPELINE & ENERGY FUND, INC.

Form 3

December 06, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number:

3235-0104

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January 31, 2005

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * PALMER SQUARE CAPITAL MANAGEMENT, LLC			2. Date of Event Requiring Statement (Month/Day/Year) 10/31/2011	3. Issuer Name and Ticker or Trading Symbol TORTOISE PIPELINE & ENERGY FUND.			
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
ONE WARD PARKWAY, SUITE 126,Â				(Check all applicable)			
(Street) KANSAS CITY, MO 64112			Director 10% Owner Officer X Other (give title below) (specify below) Affiliate of Inv Advisor		6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - N	Non-Derivative Securities Beneficially Owned			
1.Title of Securi (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	*
Common Sha	ares		0		D	Â	
Reminder: Repo	•		ach class of securities benefic	ially	SEC 1473 (7-02	2)	
	inforn	nation conta	pond to the collection of ained in this form are not and unless the form disp	t			

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)

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		(Instr. 4)		Price of	Derivative
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Director 10% Owner		Relationships Officer Other		
PALMER SQUARE CAPITAL MANAGEMENT, LLC ONE WARD PARKWAY, SUITE 126 KANSAS CITY, MO 64112	Â	Â	Â	Affiliate of Inv Advisor		
PALMER SQUARE CAPITAL ADVISORS LLC ONE WARD PARKWAY, SUITE 126 KANSAS CITY, MO 64112	Â	Â	Â	Affiliate of Inv Advisor		
Cohen Financial, L.P. TWO NORTH LASALLE STREET SUITE 800 CHICAGO, IL 60602	Â	Â	Â	Affiliate of Inv Advisor		
NATIONS GROUP ADVISORS, LLC ONE WARD PARKWAY SUITE 126 KANSAS CITY, MO 64112	Â	Â	Â	Affiliate of Inv Advisor		
Mariner Real Estate Partners II, LLC 4200 WEST 115TH STREET SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor		
MARINER REAL ESTATE PARTNERS III, LLC 4200 WEST 115TH STREET SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor		
MARINER REAL ESTATE PARTNERS III A, LLC 4200 WEST 115TH STREET SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor		
MONTAGE SECURITIES, LLC 4200 W 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor		
Cohen Realty Services, Inc. TWO NORTH LASALLE STREET SUITE 800 CHICAGO, IL 60602	Â	Â	Â	Affiliate of Inv Advisor		
Cohen Financial Equities LLC TWO NORTH LASALLE STREET	Â	Â	Â	Affiliate of Inv Advisor		

Reporting Owners 2

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SUITE 800 CHICAGO, ILÂ 60602

Signatures

/s/ Martin Bicknell, on behalf of all other persons

12/06/2011

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

Â

Remarks:

3 of 5

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Signatures 3