

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  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**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 * |         | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol  |  |
| GREAT PLAINS SANTA RITA, LLC              |         | (Month/Day/Year)                     | TORTOISE PIPELINE & ENERGY FUND, INC. [TTP]  |  |
| (Last)                                    | (First) | (Middle)                             | 4. Relationship of Reporting Person(s) to Issuer   |  |
| 4200 W. 115TH STREET, SUITE 100           |         |                                      | (Check all applicable)   |  |
| (Street)                                  |         |                                      | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other<br>(give title below) (specify below)<br>Affiliate of Inv Advisor |  |
| LEAWOOD, KS 66211                         |         |                                      | 5. If Amendment, Date Original Filed(Month/Day/Year)   |  |
| (City)                                    | (State) | (Zip)                                | 6. Individual or Joint/Group Filing(Check Applicable Line)   |  |
|   |         |                                      | <input type="checkbox"/> Form filed by One Reporting Person<br><input checked="" type="checkbox"/> Form filed by More than One Reporting Person  |  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|--|---|--|
| Common Shares                      | 0  | D   |  |

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

SEC 1473 (7-02)

**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 control number.**

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

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

| Date<br>Exercisable | Expiration<br>Date | Title | Amount or<br>Number of<br>Shares | Security | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) |
|---------------------|--------------------|-------|----------------------------------|----------|--|
|---------------------|--------------------|-------|----------------------------------|----------|--|

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |         |                          |
|---|---------------|-----------|---------|--------------------------|
|   | Director      | 10% Owner | Officer | Other                    |
| GREAT PLAINS SANTA RITA, LLC<br>4200 W. 115TH STREET, SUITE 100<br>LEAWOOD, KS 66211          | Â             | Â         | Â       | Affiliate of Inv Advisor |
| RANCHO SIENNA KC, LP<br>4200 W. 115TH STREET, SUITE 100<br>LEAWOOD, KS 66211                  | Â             | Â         | Â       | Affiliate of Inv Advisor |
| SANTA RITA KC, LLC<br>4200 W. 115TH STREET, SUITE 100<br>LEAWOOD, KS 66211                    | Â             | Â         | Â       | Affiliate of Inv Advisor |
| ADAMS-GABBERT & ASSOCIATES, LLC<br>400 SW LONGVIEW BLVD., SUITE 200<br>LEE'S SUMMIT, MO 64081 | Â             | Â         | Â       | Affiliate of Inv Advisor |
| BAW INVESTMENTS, LLC<br>4200 W. 115TH STREET, SUITE 100<br>LEAWOOD, KS 66211                  | Â             | Â         | Â       | Affiliate of Inv Advisor |
| BF 161 ELECTRIC, LLC<br>4200 W. 115TH STREET, SUITE 100<br>LEAWOOD, KS 66211                  | Â             | Â         | Â       | Affiliate of Inv Advisor |
| BF WYANDOTTE DEVELOPMENT, LLC<br>4200 W. 115TH STREET, SUITE 100<br>LEAWOOD, KS 66211         | Â             | Â         | Â       | Affiliate of Inv Advisor |
| Bicknell Family Finance Co<br>4200 W. 115TH STREET, SUITE 100<br>LEAWOOD, KS 66211            | Â             | Â         | Â       | Affiliate of Inv Advisor |
| Bicknell Family Holding Co LLC<br>4200 W. 115TH STREET, SUITE 100<br>LEAWOOD, KS 66211        | Â             | Â         | Â       | Affiliate of Inv Advisor |

## Signatures

/s/ Kirk Lambright, on behalf of Great Plains Santa Rita, LLC, Rancho Sienna KC, LP and Santa Rita KC, LLC

12/06/2011

\_\_Signature of Reporting Person

Date

/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:

1Â ofÂ 2

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.