

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, 2015

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	
Â PALMER SQUARE			(Month/Day/Year)	TORTOISE PIPELINE & ENERGY FUND, INC. [TTP]	
CAPITAL MANAGEMENT, LLC			10/31/2011		
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
ONE WARD PARKWAY,			(Check all applicable)		
SUITE 126,Â			_____ Director _____ 10% Owner		
(Street)			_____ Officer <input checked="" type="checkbox"/> Other		
KANSAS CITY,Â MOÂ 64112			(give title below) (specify below)		
(City)	(State)	(Zip)	Affiliate of Inv Advisor		
			6. Individual or Joint/Group Filing(Check Applicable Line)		
			___ Form filed by One Reporting Person		
			<input checked="" type="checkbox"/> Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned

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

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

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

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	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

SUITE 800
CHICAGO, IL 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).

^

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.