

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 | |
| Â Bicknell Family Management CO Trust | | (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 <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) Affiliate of Inv Advisor | |
| LEAWOOD,Â KSÂ 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 <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)

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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 (Instr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|---|---|--|
|---|---|--|---|---|--|

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

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|---------|--------------------------|
| | Director | 10% Owner | Officer | Other |
| Bicknell Family Management CO Trust 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| Bicknell Family Management Company, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| BICKNELL PROPERTIES, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| KCRS PARTNERS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| NPC CAPITAL PARTNERS II, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| POWER GROUP COMPANY, LLC P.O. BOX 25991 OVERLAND PARK, KS 66225 | Â | Â | Â | Affiliate of Inv Advisor |
| POWER GROUP RISK SERVICES, LLC P.O. BOX 25991 OVERLAND PARK, KS 66225 | Â | Â | Â | Affiliate of Inv Advisor |
| TRINITY BAKERSFIELD DEVELOPMENT, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |

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).

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Remarks:

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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