FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | |

OMB Number: 3235-0287 Estimated average burden 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* MCPHERSON FRANK A | | | | | 2. Issuer Name and Ticker or Trading Symbol DCP Midstream Partners, LP [DPM] | | | | | | | | | all appli Directo | r 10% Owner | | ner | | |
|---|--|--|---|-------|---|---|-----------------|----------|--|--------------|---|---|--|--|-----------------------------|--|--------------------|--|--|
| (Last) (First) (Middle) DCP MIDSTREAM PARTNERS, LP | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2006 | | | | | | | | | Officer below) | fficer (give title elow) | | Other (s below) | pecify | |
| 370 17TH STREET, SUITE 2775 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) DENVER CO 80202 | | | | _ | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date ay/Year) if any | | execution Date, | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, | | 4 and Securiti Benefic | | es ally Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | <i>,</i> | Amount | (A) o (D) | r Price | • | Transaci (Instr. 3 | ction(s) | | | msu. 4) | | |
| | | Т | | | | | | | uired, Dis , options | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (I 8) | | of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price Derivati Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Exp Dat | piration te | Title | Amoun or Numbe of Shares | r | | | | | |
| Phantom Common Unit Grant | (1) | 01/03/2006 | | | A | | 2,000 | | (2) | | (3) | Common Units | 2,000 | | \$0 | 2,000 | | D | |

Explanation of Responses:

- 1. 1-for-1
- $2. \ The \ phantom \ units \ vest \ in \ 3 \ equal \ annual \ intallments \ beginning \ on \ January \ 3, \ 2007.$
- $3. \ For electronic filing purposes only. Expiration date not applicable.$

/s/ Michael S. Richards, as Attorney-in-Fact 02/27/2006

** 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.