

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 <b>and</b> 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                                 |  |  |
| 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<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   | 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<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(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<br>(Instr. 5) |
|---|---|--|---------------------------|----------------------|--|
|---|---|--|---------------------------|----------------------|--|

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

## Reporting Owners

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