FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 0.5 hours per response:

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* <u>LEHMAN BROTHERS HOLDINGS INC</u>						2. Issuer Name and Ticker or Trading Symbol Constellation Energy Partners LLC [CEP]									lationshi ck all app Dired	,		. ,	lssuer Owner
(Last) 745 SEV	(Fi ENTH AVI	,	Middle)	ı		3. Date of Earliest Transaction (Month/Day/Year) 10/15/2007									Offic belov	er (give title w)	•	Other below	r (specify v)
(Street) NEW YC			10019 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line) X						
		Tabl	e I - N	lon-Deriv	ative/	Sec	uritie	s Ac	quire	ed, D	isposed o	f, or B	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3)		Date	Date (Month/Day/Year) Exe		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefici		ies cially Following	Forr (D) (wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(Instr. 4)	
Common	ommon Units 10/15			10/15/2	007	07			S		21,400	D	\$36.6	491	2,2	75,790		I	See Footnote ⁽¹⁾
Common Units 10/1			10/16/2	007	07			S		21,800	D	\$36.4	\$36.4552		2,253,990		I	See Footnote ⁽²⁾	
		Та	ıble II								posed of, convertib				wned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)			ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ation D th/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of rivative curity str. 5)		Own For Dire or I (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. By indirect, wholly-owned subsidiaries of the Reporting Person: 407,800 shares held by Lehman Brothers Inc. and 1,867,990 shares held by Lehman Brothers MLP Opportunity Fund LP.
- 2. By indirect, wholly-owned subsidiaries of the Reporting Person: 386,000 shares held by Lehman Brothers Inc. and 1,867,990 shares held by Lehman Brothers MLP Opportunity Fund LP.

Remarks:

Joint Filer Information Title of Derivative Securities: Common Stock Issuer & Ticker Symbol: Constellation Energy Partners LLC (CEP) Designated Filer: Lehman Brothers Holdings Inc. 745 Seventh Avenue New York, NY 10019 Other Joint Filer Information: Lehman Brothers Inc. 745 Seventh Avenue New York, NY 10019, a Delaware corporation, a direct wholly-owned subsidiary of the Reporting Person. Lehman Brothers MLP Opportunity Associates LLC, 399 Park Avenue New York, NY 10022, a Delaware limited liability company, a direct wholly-owned subsidiary of the Reporting Person. Lehman Brothers MLP Opportunity Associates LP, 399 Park Avenue New York, NY 10022, a Delaware limited partnership, a direct wholly-owned subsidiary of Lehman Brothers MLP Opportunity Associates LLC and general partner of Lehman Brothers MLP Opportunity Fund LP, Lehman Brothers MLP Opportunity Fund LP, 399 Park Avenue New York, NY 10022, a Delaware limited partnership.

> /s/ Barrett S. DiPaolo 10/17/2007

** 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.