FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | hurdon | | | | | | | | |

0.5

hours per response:

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

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|--|---|--|--|---------|---|------|---|-----------|------------------|--|-----------------------|--|---|---|--|-------------------|---|--|
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol Constellation Energy Partners LLC [CEP] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| Mellencamp Lisa J | | | | _ | | | | | | | | _ | v Off | ector icer (give title | Other | Owner (specify | | |
| (Last) (First) (Middle) 1801 MAIN, SUITE 1300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2010 | | | | | | | | A below) below) General Counsel and CCO | | | | | |
| (Street) HOUSTON TX 77002 | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | Pe | rson | | |
| | | Tab | le I - Noi | า-Deriv | ative/ | e Se | curiti | es Ac | quired | , Dis | sposed | of, o | r Bene | efici | ally Owi | ned | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | nd Seci Ben Owr | mount of urities eficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amoun | t | (A) or (D) | Pric | Tran | orted saction(s) r. 3 and 4) | | (Instr. 4) | |
| Common units representing Class B ltd liability co interests 03/01 | | | | 1/2010 | | | | A | | 58,395(1) | | A | \$ | 60 | 192,047 | D | | |
| | | Ta | able II - I | | | | | | | | osed of onverti | | | | y Owne | d | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | Expirati | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price o Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) (D) | | Date Exercisa | Date Exercisable | | ı Title | or Nun of | | | | | |

Explanation of Responses:

1. Consists of restricted common units granted under the Issuer's 2009 Omnibus Incentive Compensation Plan. The number of restricted common units is calculated by dividing the value of the grant (\$240,000) by the average closing price of the Issuer's common units for the 20 trading days through February 26, 2010. The restricted common units will vest 20% on each anniversary of the date of grant, beginning on March 1, 2011.

/s/ Lisa J. Mellencamp

03/03/2010

** 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.