FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104 Estimated average burden

0.5

hours per response:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 A		oorting Person [*]	2. Date of E Requiring S (Month/Day 02/22/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol Hess Midstream LP [HESM]				
1501 MCKI (Street)	O HESS MIDSTREAM LP 01 MCKINNEY STREET eet) OUSTON TX 77010		-		4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below)	10% C	Owner 6. (Cl	Individual or Joheck Applicable X Form filed Person	oint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
(,			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	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares		or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

James K. Lee

02/22/2022

** 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 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).

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.