FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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vvasnington,	D.C. 20549	

Ì	OMB Number:	3235-0287		
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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 Costion 16(a) of the Cocurities Evolunes Act of 1024

mstruction	1(5).			1 110			30(h) of the I					11334						
1. Name and HESS Co		eporting Person*					me <b>and</b> Ticker dstream P				1]		5. Rela (Check X	tionship of R all applicabl Director	eporting e)	Person X	(s) to Issue	
(Last) 1185 AVE	(Fir	st) HE AMERICAS	(Middle)		3. Date 12/16		arliest Transac	etion (Mo	onth/Da	ay/Year)				Officer (gi below)	ve title		Other (s below)	specify
(Street) NEW YOR	RK NY	7	10036		4. If Ar	nendn	nent, Date of 0	Original	Filed (	Month/Day	/Year)		6. Indiv		by One	Reporti	ng Person	cable Line)
(City)	(Sta	ate)	(Zip)															
		T	able I - Nor	n-Deriv	ative	Seci	urities Acc	quired	, Dis	posed o	f, or E	Benef	icially O	wned				
1. Title of Se	curity (Instr.	3)		2. Trans Date (Month/l		Ex ) if a	. Deemed ecution Date, iny onth/Day/Year)	Code	action (Instr.	4. Securit Disposed				5. Amount of Securities Beneficially Following R Transaction	Owned eported	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(,	A) or D)	Price	(Instr. 3 and				(11150.4)
Common U	Jnits			12/16	5/2019			D		5,141,3	327	D	(1)	0				See footnote <sup>(2)</sup>
							rities Acqu warrants,							ned		,	,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date if any (Month/Day/Ye	Code (Inst				6. Date Exercise Expiration Date (Month/Day/Yea		е	7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte Transac	ve es ially ng	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercis		Expiration Date	Title	Nu	nount or imber of iares		(Instr. 4			
Subordinated Units	(1)	12/16/2019		D			13,639,827	(1)		(1)	Comm Units		3,639,827	(1)	0		I	See footnote <sup>(2)</sup>

1. Name and Address HESS CORP	of Reporting Person	1	
(Last)	(First)	(Middle)	
1185 AVENUE O	, ,	, ,	
(Street)			_
NEW YORK	NY	10036	
(City)	(State)	(Zip)	
1. Name and Address			
Hess Investme	ents North Dak	tota LLC	
(Last)	(First)	(Middle)	
1185 AVENUE O	F THE AMERIC	AS	
(Street)			
NEW YORK	NY	10036	
(City)	(State)	(Zip)	

- 1. Pursuant to the Agreement and Plan of Merger dated October 3, 2019 (the "Merger Agreement"), each Common Unit of Hess Midstream Partners LP ("Old HESM") issued and outstanding prior to the effective time of the transactions contemplated by the Merger Agreement (the "Effective Time") (other than any Old HESM Common Units held by the Existing Sponsors or the HIP Entities (as defined in the Merger Agreement) as of immediately prior to the Effective Time), was automatically converted into the right to receive one validly issued, fully paid and non-assessable Class A Share of Hess Midstream LP ("New HESM").
- 2. The securities reported herein are held by Hess Investments North Dakota LLC, which is a wholly owned subsidiary of Hess Corporation, a publicly traded company listed on the New York Stock Exchange. As a result, Hess Corporation may be deemed to beneficially own the securities held of record by Hess Investments North Dakota LLC.

## Remarks:

Hess Corporation By: Barry Schachter

12/17/2019

Hess Investments North Dakota LLC By: Barry Schachter

12/17/2019

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $<sup>^{\</sup>star}$  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.