Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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* REDDY J PATRICK					2. Issuer Name and Ticker or Trading Symbol Hess Midstream LP [HESM]								eck all appli	tionship of Reporting Pe all applicable) Director		rson(s) to Issuer			
(Last)	(Fi	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024								Officer below)	(give title		Other (s below)	pecify	
1501 MCKINNEY STREET					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form	filed by One	Report	ing Persor	ո	
HOUSTO	ON T	X	77010											Form Perso	filed by More n	e than C	One Repor	ting	
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication													
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								d to										
		Tab	e I - Noı	n-Deri	vative	Sec	curitie	s Acq	uired,	Dis	posed of	, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Trans Date (Month/li					action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I 5)		s Acquired (A) or of (D) (Instr. 3, 4 and		d Securiti Benefic Owned	Securities Fo Beneficially (D)		Direct condirect E	7. Nature of Indirect Beneficial Ownership				
									Code	de V Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)	
Class A S	Shares			03/0	8/2024	4	M ⁽¹⁾ 2,299 A \$0 20,970		,970	Ι)								
		Т									osed of, o			/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,		Transaction Derivative Code (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)			t of ies ring ive	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	y O Fo O (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(5)			
2023 Phantom Shares	\$0	03/08/2024			M			2,299	(2)		(2)	Class A Shares	2,299	\$0	0		D		
2024 Phantom Shares	(3)	03/08/2024			A		1,855		(4)		(4)	Class A Shares	1,855	\$0	1,855		D		

Explanation of Responses:

- 1. Class A shares acquired upon settlement of phantom shares granted in 2023 for service as director. Each phantom share is the economic equivalent of one Class A share.
- 2. The 2023 phantom shares vested on March 8, 2024 and have no expiration date.
- 3. Each phantom share is the economic equivalent of one Class A Share.
- 4. The phantom shares will vest on March 8, 2025 and have no expiration date.

Barry Schachter for John P. Reddy

03/12/2024

** 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.