## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STAT
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

#### EMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	nd Address of Y J PATR	Reporting Person* ICK							ker or Tra Partne			SM ]			k all appli	cable)	ıg Per	son(s) to Iss 10% Ov	
	`	REAM PARTNE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)  12/16/2019  Officer (give title below)  Delow)  Other (special below)										specify			
(Street)			77010		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line) X					
(City)	(Si	ate) (	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/L					Execution Dat			Code (Instr.		4. Secui Dispose 5)	Securities Acquired (A isposed Of (D) (Instr. 3,				es For ially (D) Following (I) (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) (D)	(A) or (D) Pr		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Units 12/16				6/2019	/2019		D		4,90	4,905 D		(1)		0		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ransaction Code (Instr.		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			id of s ig e Securi nd 4)	S	. Price of lerivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amou or Numb of Share	er		l			
2019 Phantom Units	(2)	12/16/2019			D			2,856	(3)		(3)	Common Units	2,85	6	(3)	0		D	

## **Explanation of Responses:**

- 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. Each phantom unit is the economic equivalent of one common unit.
- 3. Pursuant to the Merger Agreement, each issued and outstanding Phantom Unit of Old HESM owned by the Reporting Person immediately prior to the Effective Time, whether vested or unvested, was automatically converted into an equal number of Phantom Shares of New HESM. The number of New HESM Class A Shares subject to each New HESM Phantom Share is equal to the number of Old HESM Common Units subject to such Phantom Unit immediately prior to the Effective Time. Each New HESM Phantom Share will continue to be subject to the same terms and conditions as applied to the corresponding Phantom Unit immediately prior to the Effective Time.

# Remarks:

Barry Schachter for J. Patrick Reddy

12/17/2019

\*\* 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.