FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

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*  MALQUIST MALYN K							2. Issuer Name <b>and</b> Ticker or Trading Symbol TC PIPELINES LP [ TCP ]									ship c applic irecto	able)	ng Person(s) to Is		
(Last) (First) (Middle) 700 LOUISIANA STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2019										fficer elow)	(give title	Other (s below)		specify
Street) HOUSTON TX 77002-2700  (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					saction	ction 2A. Deemed Execution Date,			te,	a. 3. Transaction Code (Instr.			of, or Ber urities Acquire sed Of (D) (Inst	d (A) or	5. A Sec Ber	mour uritie	s	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Í	Code	v	Amoun	(0)		Rep Tra (Ins	Reported Transaction(s) (Instr. 3 and 4)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Instr. 4)
													of, or Bene tible secu		Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	Code (Ins		n of		6. Date Exercisabl Expiration Date (Month/Day/Year)			Securities Under		nderlying ecurity	8. Prid Deriva Secur (Instr.	ative ity	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	OV FC Illy Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable	Exp	iration e	Title	Amount or Number of Shares						
Deferred Share Units	(1)	02/11/2019			A		353			(2)		(2)	Common units representing limited partner	353	\$30.4	7(3)	16,90	16	D	

## **Explanation of Responses:**

- 1. Upon termination of service as a director, Deferred Share Units ("DSUs") recorded in the reporting person's account will be settled, at the reporting person's election, in common units representing a limited partner interest in TC PipeLines, LP ("Common Units") at no additional cost on a 1 for 1 basis or in cash of equivalent value, less any applicable withholdings.
- 2. The DSUs are immediately fully vested and are redeemable only following Mr. Malquist's termination of Board service.
- 3. The DSUs were credited to the director's share unit account as distributions, effective on the payment date for distributions paid by TC PipeLines, LP on the Common Units. Pursuant to the Deferred Share Unit Plan for Non-Employee Directors (2013), the number of DSUs credited for distributions is calculated based on the distribution declared and paid on Common Units multiplied by the number of DSUs in the director's share account on the record date of such distribution, divided by the fair market value Common Units on the payment date for such distribution.

Fact for Malyn K. Malquist

02/11/2019

Date

\*\* Signature of Reporting Person

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.