SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
OMB Number: 3235-0104

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

1. Name and Address of Reporting Person* <u>MALQUIST MALYN K</u>	2. Date of Event Requiring Stater (Month/Day/Year 04/18/2011	nent 🔽	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>TC PIPELINES LP</u> [ TCLP ]						
(Last) (First) (Middle) 717 TEXAS STREET, SUITE 2400			Check all	nship of Reporting Perse applicable) Director	rson(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
			C	Officer (give title elow)	Other (spe below)			6. Individual or Joint/Group Filing (Check Applicable Line)	
(Street) HOUSTON TX 77002									y One Reporting Person y More than One erson
(City) (State) (Zip)									
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)		
Common Units Representing Limited Partnership Interests			100		D				
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		4. Conve or Exe	rcise	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of Responses:	Date Exercisable	Expiration Date	ion Title		Amount or Number of Shares	Price of Derivative Security			

Remarks:

/s/ Donald J. DeGrandis,

04/27/2011

Date

Attorney for Malyn Malquist
\*\* 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 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.