FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ington, D.C. 20549	OMB APPROVAL

OMB Number: 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

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0.5

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 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>Stark Jack</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol TC PIPELINES LP [ TCP ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) 700 LOUISIANA STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2017									Officer (give title Other (specification) below)				pecify
(Street) HOUST(			77002-2700 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							ay/Year)	Line	Individual or Joint/Group Filing (Check Applicable le)  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. Transa Date (Month/D					Execution Date,			te,	3. 4. Secu Transaction Dispos Code (Instr. 5)		of, or Benefici urities Acquired (A) o sed Of (D) (Instr. 3, 4 a		5. Amoun Securities Beneficia Owned For Reported	s lly ollowing	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						tive Securities Acqui			red, Di			f, or Bene		Transaction(s) (Instr. 3 and 4)				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transactic Date (Month/Day/			3A. Deemed Execution Date, if any (Month/Day/Yea	4. Transa Code	5. Number of			6. D Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exe	e ercisable		oiration e	Title	Amount or Number of Shares					
Deferred Share Units	(1)	05/15/2017		A		300 <sup>(3)</sup>			(2)		(2)	Common units representing limited partner	300	\$57.66 <sup>(3)</sup>	18,67	76	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 applicable withholdings.
- 2. The DSUs are immediately fully vested and are redeemable only following Mr. Stark'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.

/s/ Jon A. Dobson, Attorney-in-05/15/2017 Fact for Jack Stark

\*\* 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.