FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

	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(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 and Ticker or Trading Symbol TC PIPELINES LP [TCP]									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) 12/29/2017										Officer below)	r (give title		Other (s below)	
(Street) HOUST	HOUSTON TX 77002-2700					4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Individual or Joint/Group Filing (Check Applicable .ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - Non	-Deriva	ative	e Se	curiti	ies A	cqu	ıired, C	Disp	osed	of, or Bei	nefici	ally	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			·	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securitie Beneficial Owned F		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
										Code V		Amoun	unt (A) or (D)		е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
			Table II - D										of, or Bene tible secu			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\	Code (Ins			on of			6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		ng E	price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V (A)		(D)	Date Exercisable		Expiration Date		Amo or Num of Shar		er							
Deferred Share Units	(1)	12/29/2017			A		772			(2)		(2)	Common units representing limited partner interest	772	2	\$53.1 ⁽³⁾	13,02	8	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. Represents the quarterly portion of Mr. Malquist's Annual DSUs and Optional DSUs, which he elected to receive for 2017 in lieu of the cash portion of his annual board compensation. The number of DSUs is calculated based on the Fair Market Value of the Common Units on the last trading day of the quarterly payment period.

/s/ Jon A. Dobson, Attorney-in-Fact for Malyn K. Malquist 01/03/2018

** 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.