FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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*  MALQUIST MALYN K						2. Issuer Name <b>and</b> Ticker or Trading Symbol TC PIPELINES LP [ TCP ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															X				10% Ov	
(Last) (First) (Middle) 700 LOUISIANA STREET, SUITE #700						ate o		st Trai	nsacti	on (Mon	th/Da	ay/Year)			Officer below)	(give title		Other (s below)	pecify	
700 200	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable									
(Street)	ON T	X	77002-2700	)											ine) X					son
(City)	(S	tate)	(Zip)													Person		o aran	оло глоро.	9
		Tal	ble I - Non	-Deriva	ative	e Se	curiti	es A	cqui	ired, D	isp	osed	of, or Ber	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transact Code (Ins 8)					or 5. A 4 and Sec Ben Owi		amount of curities neficially ned Following		: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership	
								•	Code	,	Amoun	t (A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II - D	Derivati e.g., pu	ive S	Seci call	uritie: s, wa	s Acc rrant	quire	ed, Dis	spo	sed o	f, or Bene	ficial rities	ly C )	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/Y	Co	Code (Insti		n of Ex			. Date Exercisable and xpiration Date Month/Day/Year)			7. Title and A Securities Ui Derivative Se (Instr. 3 and	ng Derivative		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode \	v	(A)	(D)	Date Exer	cisable	Exp	iration e	Title	Amou or Numb of Share	oer					
Deferred Share Units	(1)	02/13/2015		A	A		68 <sup>(3)</sup>			(2)		(2)	Common units representing limited partner interest	68		\$68.99 <sup>(3)</sup>	5,680	5	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 of TC PipeLines, LP ("Common Units") at no additional cost on a 1 for 1 basis or in cash of equivalent value, less applicable withholdings.
- $2. \ The \ DSUs \ are \ immediately \ fully \ vested \ and \ are \ redeemable \ only \ following \ Mr. \ Malquist's \ termination \ of \ Board \ service.$
- 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 of Common Units on the payment date for such distribution.

## Remarks:

/s/ Jon A. Dobson, Attorney-in-Fact for Malyn K. Malquist 02/18/2015

\*\* 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.