FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPROVAL										
Ī	OMB Number:	3235-028									
	Estimated average burden										

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

					01	000.	011 00(1	., 0		Council	. 0011	.pa, , .	0. 0. 20 .0								
1. Name and Address of Reporting Person* Stark Jack						2. Issuer Name and Ticker or Trading Symbol TC PIPELINES LP TCP										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Stark Jack					-										X	Directo	Director		10% Owner		
(Last) (First) (Middle) 700 LOUISIANA STREET						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019										Officer (give title Other (sp below) below)				specify	
700 EOOIGHNA STREET						4. If Amondment, Date of Original Filed (Month/Dev/Mess)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)			•	4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)										Line) X Form filed by One Reporting Person						
HOUSTON TX		77002-2700													Form filed by More than One Reporting				ting		
(City) (State) (Zi			(Zip)		Person																
		Tal	ole I - Non	-Deriva	ative	e Se	curiti	ies A	cqu	ıired, Γ	Disp	osed	of, or Ber	neficia	lly C	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date			·	3. Transac Code (In 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securiti Benefic Owned		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amoun	Amount (A) or (D)		- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
													of, or Bene tible secu		y Ov	vned					
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/	ate, Tr	Transaction Code (Inst		n of		6. Date Exercisable Expiration Date (Month/Day/Year)			e and	nd 7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		De Se	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exe	e rcisable	Exp	iration e	Title	Amoun or Numbe of Shares							
Deferred Share Units	(1)	12/31/2019			A		473			(2)		(2)	Common units representing limited partner interest	473	\$	642.3 ⁽³⁾	28,00)2	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. Stark's termination of Board service.
- 3. Represents the automatic grant of DSUs made to Mr. Stark on a quarterly basis as part 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 Jack Stark

01/03/2020

** 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.