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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPF	ROVAL
OMB Number:	3235-0287
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hours per response:	0.5

			01.36		vestment Con	ipally Act of 1940					
1. Name and Address of Reporting Person <sup>*</sup> MALQUIST MALYN K				er Name <b>and</b> Ticke <u>PIPELINES L</u>	0	ymbol		ationship of Reporting Person(s) < all applicable) Director 10		o Issuer % Owner	
(Last) 700 LOUISIA	(First) NA STREET	(Middle)	3. Date 03/29	e of Earliest Transad /2019	ction (Month/E	ay/Year)		Officer (give title below)	Other below	(specify )	
(Street)           HOUSTON         TX           (City)         (State)           (Zip)				nendment, Date of	Original Filed	(Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table I - Non-Der	ivative S	Securities Acq	uired, Dis	oosed of, or Benef	icially	Owned			
4 THE 40 COM	. ()	2 7-0		24 Deemed	2		\ e=	E. Amount of	C. Ourmanahim	7 Nature of	

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)	ction	4. Securities A Disposed Of ( 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	

 

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispe of (D	r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		Securities Underlying		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Title	Amount or Number of Shares				
Deferred Share Units	(1)	03/29/2019		A		535		(2)	(2)	Common units representing limited partner interest	535	\$37.36 <sup>(3)</sup>	17,441	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 automatic grant of DSUs made to Mr. Malquist 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.

<u>/s/</u>	Jon	A.	Do	bson,	A	tto	orne	y-in-	04/01/2019
-			e 1	77					04/01/2019

Fact for Malyn K. Malquist

\*\* 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.