### Edgar Filing: Stark Jack - Form 4

Stark Jack Form 4									
July 02, 201	.8								
FORM	ЛЛ								PPROVAL
	UNITED	STATES		RITIES A	N OMB Number:	3235-0287			
Check the if no lor subject to Section Form 4	so <b>STATEN</b> 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31, 2005 average urs per . 0.5
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17(	(a) of the l	Public U	Itility Hol	ding Co		nge Act of 1934, c of 1935 or Secti 1940		
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> Stark Jack			Symbol	er Name <b>an</b>		ç	5. Relationship of Reporting Person(s) to Issuer		
				PELINES	-	-	(Check all applicable)		
(Last) (First) (Middle) 700 LOUISIANA STREET			3. Date of Earliest Transaction (Month/Day/Year) 06/29/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)		
	<b>.</b>	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
HOUSTON	N, TX 77002-2700	)					Person		sporting
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3,	(A) or l of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						(D) Price			
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Perso infor requi	ons who re nation con red to resp ays a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Inst

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	Derivative Security		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		sed 3, 4,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Share Units	<u>(1)</u>	06/29/2018	А		674		(2)	<u>(2)</u>	Common units representing limited partner interest	674

### **Reporting Owners**

Reporting Owner Name / Address		Relations		
	Director	10% Owner	Officer	Other
Stark Jack 700 LOUISIANA STREET HOUSTON, TX 77002-2700	Х			
Signatures				
/s/ Jon A. Dobson, Attorney-in Stark	-Fact for	Jack	07/0	2/2018
<u>**</u> Signature of Reporting Pe	rson		D	Date
Evelopetion of De				

## **Explanation of Responses:**

- \* 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).

Upon termination of service as a director, Deferred Share Units ("DSUs") recorded in the reporting person's account will be settled, at the
 (1) 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 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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