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

77380

(Zip)

TX

(State)

WOODLANDS

(City)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

**BY: SUMMIT MIDSTREAM PARTNERS** HOLDINGS, LLC

11. Nature of Indirect Beneficial Ownership (Instr. 4)

|   | ction 1(b).             | ide. See               |                               | File           |                      |  |   |                    |                 |                |   | rities Exch          |            |                                  |                  |   |   | Tiours per          | respon                           | ise.              |                       |  |
|---|-------------------------|------------------------|-------------------------------|----------------|----------------------|--|---|--------------------|-----------------|----------------|---|----------------------|------------|----------------------------------|------------------|---|---|---------------------|----------------------------------|-------------------|-----------------------|--|
|   |                         |                        |                               |                | _                    |  |   | - ' '              |                 |                |   | ompany A             | ct of      | 1940                             |                  |   |   |                     |                                  | , ) , ,           |                       |  |
| 1. Name and Address of Reporting Person*  SUMMIT MIDSTREAM PARTNERS,  LLC |                         |                        |                               |                |                      | 2. Issuer Name and Ticker or Trading Symbol Summit Midstream Partners, LP [ SMLP ] |   |                    |                 |                |   |                      |            |                                  |                  | 5. Relations<br>(Check all a  |   |                     | erson                            | (s) to is         | suer                  |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      | _          |                                  | 1                |   | ector   |                     |                                  | 10% O             |                       |  |
| <u> </u>  |                         |                        |                               |                | _                    | Dot  | o of I  | Carliage           | Tropos          | otion          | (Mont   | h/Day/Vaa            | .r\        |                                  |                  |   | icer (giv<br>low)   | e title             |                                  | Other (below)     | specify               |  |
|   |                         |                        |                               |                |                      |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/03/2017 |                    |                 |                |   |                      |            |                                  |                  |   | ,   |                     |                                  | ,                 |                       |  |
| 1790 HUGHES LANDING BLVD., SUITE 500                                      |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                | _                    | If Δr  | nenc  | lment [            | Date of         | Origin         | nal File  | ed (Month)           | /Day/      | Year                             | 2                | 6 Individual  | or Join   | t/Group Fi          | ling (C                          | heck A            | nnlicable             |  |
| (Street)  |                         |                        |                               |                |                      | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           |   |                    |                 |                |   |                      |            |                                  |                  |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |                     |                                  |                   |                       |  |
| THE TX 77380  |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  | Form filed by One Reporting Person  Form filed by More than One Reporting |   |                     |                                  |                   |                       |  |
| WOODI   | LANDS                   |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   | rson  |                     |                                  |                   | 9                     |  |
| (City) (State) (Zip)  |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| (City)  | (3                      | ,                      |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
|   |                         | Tab                    | le I                          | - Non-Deriv    | _                    |  |   |                    | _               | uire           | _   |                      |            |                                  |                  | ially Owi   | ned   |                     |                                  |                   |                       |  |
| Dat   |                         |                        | 2. Transaction<br>Date        |                | 2A. Dee<br>Execution |  |   | 3.<br>Transaction  |                 |                | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) |                      |            |                                  |                  |   | 6. Ownership<br>Form: Direct                                |                     | 7. Nature of<br>Indirect Benefic |                   |                       |  |
|   |                         |                        |                               | (Month/Day/Yea |                      | r) if any<br>(Month  |   | y/Year)            | Code (Instr. 8) |                |   |                      |            |                                  |                  | Beneficially<br>Owned Following   |   |                     |                                  | Ownership (Inst   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    | Code            | v              | Am  | Amount               |            | or ,                             | Price            | Reported<br>Transaction(s)  |   | (Instr. 4)          |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    | Code            | ľ              | Aiii  | ount                 | (A)<br>(D) | 1                                | riice            | (Instr. 3 aı  | nd 4)   | -                   |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   | SUMM                  |  |
| COMMON UNITS (LIMITED 02/03/2017  |                         |                        |                               |                |                      |  |   |                    | S               |                | 140   | 000,000              |            | $_{\rm D}$                       | \$23.66(1)       | 25,854,581  |   |                     |                                  |                   | STREA<br>FNERS        |  |
| PARTNER INTERESTS)  |                         |                        |                               | 02/05/201/     |                      |  |   |                    |                 |                | "   |                      |            |                                  | 5.00             | 25,051,501  |   |                     |                                  | HOLDINGS          |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  | LLC               |                       |  |
|   |                         | Ta                     | able                          | e II - Deriva  | tive :               | Sec  | uri   | ties A             | cqui            | ed,            | Disp  | osed o               | f, o       | r Be                             | eneficial        | lly Owne  | d   | <u> </u>            |                                  |                   |                       |  |
|   |                         |                        |                               | (e.g., p       | uts,                 | cal  | ls,   | warra              | nts, c          | ptic           | ns,   | convert              | tible      | se                               | curities         | )   |   |                     |                                  |                   |                       |  |
| 1. Title of<br>Derivative   | 2.<br>Conversion        | 3. Transaction<br>Date | 3A. Deemed<br>Execution Date, |                | 4.<br>Trans          | 4.<br>Transactio   |   | 5. Num<br>of       |                 |                |   | on Date Day/Year)  I |            | 7. Title and<br>Amount of        |                  | 8. Price of Derivative  |   | ımber of<br>ative   | 10.<br>Owne                      | ership            | 11. Natu<br>of Indire |  |
| Security<br>(Instr. 3)  | or Exercise<br>Price of | (Month/Day/Year)       | if any<br>(Month/Day/Year)    |                | Code<br>8)           | Code (Inst   |   | Derivat<br>Securit |                 | Month          | n/Day/`   |                      |            | Secur<br>Jndei                   | rities<br>rlying | Security<br>(Instr. 5)  |   | rities<br>eficially | Form                             |                   | Benefic<br>Owners     |  |
|   | Derivative<br>Security  |                        |                               |                | ļ ·                  | Acquin<br>(A) or<br>Dispos<br>of (D)<br>(Instr. 3<br>and 5)                        |   | Acquir<br>(A) or   | ed              |                |   |                      |            | Derivative<br>Security (Instr. 3 |                  | ;   | Own   |                     |                                  | direct<br>str. 4) | (Instr. 4)            |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      | and 4)     |                                  |                  |   | saction(s)  |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  | (Inst   | r. 4)   |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      | Т  |   |                    |                 |                |   |                      |            |                                  | Amount           | 1   |   |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  | or<br>Number     |   |   |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                | Code                 | .   v  |   | (A)                |                 | Date<br>Exerci | sable   | Expiratio<br>Date    |            | Γitle                            | of<br>Shares     |   |   |                     |                                  |                   |                       |  |
| 1. Name a   | nd Address of           | Reporting Person*      |                               |                | -                    |  | T   |                    |                 |                |   |                      |            |                                  |                  | •   |   |                     |                                  |                   |                       |  |
|   |                         | STREAM PA              |                               | NERS, LL       | C                    |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| (Last)  |                         | (First)                |                               | (Middle)       |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| 1790 HU   | JGHES LA                | NDING BLVD.,           | SU                            | ITE 500        |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| ,   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| (Street)<br>THE   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| WOODI   | LANDS                   | TX                     |                               | 77380          |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| (City)  |                         | (State)                |                               | (Zip)          |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| 1. Name a   | nd Address of           | Reporting Person*      | ,                             |                |                      |  | 1   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
|   |                         | STREAM PA              |                               | NERS           |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
|   | <u>INGS, LI</u>         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| (Last)  |                         | (First)                |                               | (Middle)       |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| 1790 HU   | JGHES LA                | NDING BLVD.,           | SU                            | ITE 500        |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
|   |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| (Street)  |                         |                        |                               |                |                      |  |   |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |
| THE   |                         | TD37                   |                               | 77200          |                      |  | -1  |                    |                 |                |   |                      |            |                                  |                  |   |   |                     |                                  |                   |                       |  |

## **Explanation of Responses:**

1. On February 3, 2017, Summit Midstream Partners Holdings, LLC (SMPH) sold 4,000,000 common units representing limited partner interests in the Issuer. The sole member of SMPH is Summit Midstream Partners, LLC.

Summit Midstream Partners,

LLC By: /s/ Steven J. Newby

Trib. P. in the left of the desired o

Title: President and Chief

Executive Officer

Summit Midstream Partners Holdings, LLC By: /s/ Brock

M. Degeyter Title: Executive 02/07/2017

<u>Vice President, General</u> <u>Counsel and Secretary</u>

\*\* 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.