

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Kennedy Michael N.					Ar	iter	o Mid	stream	Pai	rtners	LP [A]	,	10	n/ 0		
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							Director					
						11/12/2017								XOfficer (give title below)Other (specify below) See Remarks			
1615 WYNKOOP STREET						11/12/2017								,			
(Street)					4. I	f An	nendme	nt, Date O	rigii	nal File	d (MM/DI	YY) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
DENVER, CO 80202 (City) (State) (Zip)														X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(C	ity) (Sta	(ZI	P)														
			Table	I - Noi	n-Der	ivati	ive Secu	irities Ac	quir	ed, Dis	sposed o	f, or	Beneficially Own	ed		_	
1.Title of Security (Instr. 3)			2. Trans. Date		e 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de	or Disp	rities Acqui osed of (D) , 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
								Code	V	Amoun	(A) or (D)	Price	e			or Indirect (I) (Instr. 4)	
Common Units representing limited partner interests 11/				11/12/2	017		F		4891 (1)	D	\$27.4	48383 (2)		D			
	Tabl	le II - Der	ivative	Secur	ities I	Bene	ficially	Owned (e.g.	, puts,	calls, wa	arran	its, options, conv	ertible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	Executi	A. Deemed A. Trans. (Instr. 8) Code		r. 8) Der Acc Dis		Number of serivative Securities cquired (A) or isposed of (D) nstr. 3, 4 and 5)		Expiration Date			e and Amount of ities Underlying ative Security 3 and 4)	Derivative Security	Securities Beneficially Owned	Ownership Form of Derivative Security:	Beneficial
	Security					v	(A)	(D)		Amount or Number of Shares		Reported or Transaction(s) (I	Direct (D) or Indirect (I) (Instr. 4)				

Explanation of Responses:

- (1) In connection with the vesting and settlement of phantom units through the issuance of common units representing limited partner interests in the Issuer ("Common Units") pursuant to a Phantom Unit Agreement and the Antero Midstream Partners LP Long-Term Incentive Plan, the Issuer withheld Common Units that would otherwise have been issued to the Reporting Person to satisfy its tax withholding obligations. The number of Common Units withheld was determined based on the closing price per Common Unit on November 10, 2017.
- (2) Includes 39,973 Common Units that remain subject to vesting.

Remarks:

The Issuer is a Delaware limited partnership, managed by the directors and officers of its general partner, Antero Midstream Partners GP LLC ("AMP GP"). Mr. Kennedy is the Chief Financial Officer and Senior Vice President-Finance of AMP GP.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Kennedy Michael N.								
1615 WYNKOOP STREET			See Remarks					
DENVER, CO 80202								

Signatures

/s/ Alvyn A. Schopp, as attorney-in-fact for Michael N. Kennedy

11/14/2017

**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 control number.