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France Micha	el Gordon											
Form 4												
January 04, 2	018											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL			
	UNITE	D STATES		ITIES A. hington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check this if no long	Check this box							Expires:	January 31,			
subject to	STATE	EMENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF	Estimated a	2005 average		
Section 16. SECURITIE					ITIES				burden hou			
	Form 4 or							response 0.5				
Form 5 obligation				• •			•	ge Act of 1934,				
may conti				•	•			f 1935 or Sectio	n			
See Instru	ction	30(n)	of the Inv	vestment	Compan	y Act	OF 19	40				
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to					
France Michael Gordon Symbol								Issuer				
Crestwood Equity Partners LP						k all applicable)						
			[CEQP]	']				(approacte)				
(Last)	(First)	(Middle)	Middle) 3. Date of Earliest Transaction					_X_ Director10% Owner				
~ ~ ~ ~ ~ ~ ~				nth/Day/Year)				Officer (give title Other (specify below) below)				
	RESERVE, 60	0	01/04/20)18								
TRAVIS, SU	JITE 6000											
(Street) 4. If Americ Filed(Month				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
				h/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
HOUSTON,	TY 77002								More than One Re			
HOUSTON,	IA 77002							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D		Execution Date, if		4. Securi			5. Amount of Securities	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea								Form: Direct	Indirect Beneficial		
(IIIsu. 5)		any (Month	/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				D) or indirect (I)	Ownership			
		X					- /	Following	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(
Common	01/04/2018			А	3,875 (1)	А	\$0	17,131	D			
Units					<u>(-)</u>							

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, 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. Transactio Code (Instr. 8)	5. 6. Date Exercisable ionNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amor Unde Secur	le and unt of rlying tities (. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owner Name / Address	Relationships								
1	Director	10% Owner	Officer	Other					
France Michael Gordon C/O FIRST RESERVE 600 TRAVIS, SUITE 6000 HOUSTON, TX 77002	Х								
Signatures									
/s/ Judy Riddle, attorney-in-fact for Michael G.									
France			0	1/04/2018					
<u>**</u> Signature of Reporting		Date							

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).
- Restricted units granted under the Crestwood Equity Partners LP Long Term Incentive Plan, as amended. The restricted units vest on (1) January 4, 2019.

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.