FORM 4

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

(Print or Type R	esponses)															
Name and Address of Reporting Person * Foley David				2. Issuer Name and Ticker or Trading Symbol Cheniere Energy Partners, L.P. [CQP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
C/O THE BI PARK AVE	LACKSTO	(First) NE GROUP L.		3. Date of 1 10/01/20		est Transa	action	(Month/	Day/Ye	ear)		Officer (give	title below)	Other	(specify below	ý)
(Street) NEW YORK, NY 10154				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						ies Acquired,	lired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)		n Da	te, if Co	(Instr. 8)		4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		of (D) Owned Followin Transaction(s)		ecurities Beneficially ng Reported		6. Ownership Form:	7. Nature of Indirect Beneficial	
				(Month/I	Oay/Y		Code	v	Amount	(A) or (D)	, i	str. 3 and 4)		or (I)	r Indirect	Ownership (Instr. 4)
								a curre	ently va	alid OM f, or Ben	required to r B control nu	mber.	nless the t	form display	S	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code (Instr. 8)		5. Num of Deriv Securiti Acquire or Disp of (D)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form of Derivative Security: Direct (D) or Indirect (I)	(Instr. 4)
				Code	V	(A)	(D)	Date Exercis		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
PHANTOM UNITS	(1)	10/01/2012		A		12,000	0	<u>(2</u>	J	(2)	COMMON UNITS	12,000	\$ 0	0 (3)	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Foley David C/O THE BLACKSTONE GROUP L.P. 345 PARK AVENUE NEW YORK, NY 10154	X					

Signatures

/s/ David I. Foley	10/03/2012
**Signature of Reporting Person	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).
- (1) On October 1, 2012, the Reporting Person was granted 12,000 phantom units. Each phantom unit is the economic equivalent of one Common Unit of the Issuer.
- (2) The phantom units vest, and are payable in cash, twenty-five percent on each of the first, second, third and fourth anniversaries of the grant date.
 - Mr. Foley disclaims beneficial ownership of these securities and the inclusion of the securities in this report shall not be deemed an admission of beneficial ownership for purposes of Section
- (3) 16 or any other purpose. Mr. Foley is an employee of The Blackstone Group L.P. or one of its affiliates ("Blackstone"). Pursuant to arrangements between Mr. Foley and Blackstone, Mr. Foley is required to transfer to Blackstone any and all compensation received in connection with his directorship for any company Blackstone invests in or advises.

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.