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

OMB APPRO	VAL
OMB Number:	3235-0287
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hours por rosponso	0.5

longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. See Instruction 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)																
1. Name and Address of Reporting Person * TURKLESON DON A					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				
700 MILAM	ST., SUIT	(First) TE 800	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/07/2012								_	Officer (give titl	e below)	Other	specify below)
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
HOUSTON,	TX 77002		(T')														
(City)		(State)	(Zip)				Tab	le I - N	on-De	rivative	Securiti	ies Acquired	, Disposed of,	or Benefici	ially Owned		
(Instr. 3)		2. Transaction Date (Month/Day/Ye	2A. Deemed Execution Date, i any (Month/Day/Yea		Date, if	(Instr. 8)		(4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Followin Transaction(s)		ng Reported		Ownership Form:	7. Nature of Indirect Beneficial	
					ay/Year)			V	Amount	(A) or (D)	(Ir	or Indir (I)		or Indirect	Ownership (Instr. 4)		
Units Repres Interests	enting Lin	nited Partner	09/07/2012					M		3,000	A	<u>(1)</u> 3,	3,000			D	
Units Repres Interests	enting Lin	nited Partner	09/07/2012					D	1	3,000	D	\$ 25.77 0	0			O	
Units Repres Interests	enting Lin	nited Partner										25	25,000			O	
Reminder: Repo	ort on a separ	ate line for each clas	ss of securities ben	eficially o	wne	d directl	y or i		-	o who r		d to the col	lection of in	formation	oontoined i	SEC	1474 (9-02)
								th	nis for	m are n	ot requ		pond unless			i sec	1474 (9-02)
			Table I							osed of, o		ficially Own	ed				
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, i any (Month/Day/Year	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		r 6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative I Security S (Instr. 5) E C F R	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (1) or Indire	Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	sable	Expira Date	tion	Title	Amount or Number of Shares				
PHANTOM UNITS	(1)	09/07/2012		М		3,000		09/07	/2012	09/07	//2012	COMMO UNITS	N 3,000.00	(1)	0	D	

Reporting Owners

D (1 0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TURKLESON DON A 700 MILAM ST. SUITE 800 HOUSTON, TX 77002	X						

Signatures

/s/ Cara E. Carlson under POA by Don A. Turkleson	09/11/2012
**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 06/10/2012, the Reporting Person was granted 3,000 phantom units payable in cash and previously reported on a Form 4. One hundred percent of this grant vested on 09/07/2012 in connection with the Reporting Person's removal as a member of the board of directors of the Issuer. Each phantom unit was the economic equivalent of one Common Unit of the Issuer.

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.