FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. See Instruction 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment 1(b). Company Act of 1940

| (Print or Type R | (esponses) | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------|------|------------|-------------------|---------------|------------------------|----------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------|
| 1. Name and Address of Reporting Person * MCCAIN ELLIS L | | | | 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 Director10% Owner | | | | | | |
| (Last) (First) (Middle) 700 MILAM ST., SUITE 1900 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2018 | | | | | | | = | O | fficer (give title | e below) | Other | (specify below |) | |
| HOUSTON, | , TX 77002 | (Street) | 4 | I. If Ame | endm | ent, Dat | e Orig | ginal Fi | led(Mon | th/Day/Yo | ear) | - | _X_ For | n filed by One | int/Group Fi Reporting Person than One Report | | licable Line) | |
| (City) | | (State) | (Zip) | | | | Tab | le I - N | Non-De | rivative | Securiti | es Acqui | red, Di | isposed of, | or Beneficia | ally Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | (4 | | 4. Securities Acqu (A) or Disposed of Instr. 3, 4 and 5) | | of (D) Owned Transa | | Amount of Securities Beneficially med Following Reported insaction(s) str. 3 and 4) | | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | C | ode | V | Amount | (A) or (D) | Price | | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Units Representing Limited Partner Interests | | | 05/29/2018 | } | | |] | М | 7 | 750 | A | <u>(1)</u> | 4,125 | 5 | | | D | |
| Units Representing Limited Partner Interests | | | 05/29/2018 | | | |] | M | 7 | 750 | A | (2) | 4,875 | 5 | | | D | |
| Units Repres Interests | senting Lin | nited Partner | 05/29/2018 | | | | D | 3 | 375 | D | \$ 35.03 | 4,500 | | | D | | | |
| Units Representing Limited Partner Interests 05/29 | | | 05/29/2018 | 018 | | | 1 | М | 7 | 750 | A | <u>(3)</u> | 5,250 |) | | | D | |
| Units Representing Limited Partner Interests 05/29/20 | | | 05/29/2018 | | | | | D | 3 | 375 | D | \$ 35.03 | 4,875 | 5 | | | D | |
| Units Representing Limited Partner Interests 05/29/20 | | | 05/29/2018 | | |] | М | 7 | 750 | A | <u>(4)</u> | 5,625 | | | D | | | |
| Units Representing Limited Partner Interests 05/29/2018 | | | 05/29/2018 | | | | | D | 3 | 375 | D | \$ 35.03 | 5,250 |) | | | D | |
| Reminder: Repo | ort on a separ | rate line for each class | ss of securities benef | ficially o | wne | d directl | y or ir | P | erson | | | | | | ormation o | contained ir | n SEC | 1474 (9-02) |
| | | | Table II | - Derive | tive | Securit | ios Ac | | | | | ontrol n | | r. | | | | |
| 1. Title of | la . | 3. Transaction | 3A. Deemed | | | | arran | ts, opti | ions, co | nvertib | le securi | ties) | | | Q Duina of | O Number | of 10. | 11 Note |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transac Code | | | tive ies ed | Expir | Expiration Date Underl | | | | (Instr. 5) Beneficial Owned Following Reported Transactic (Instr. 4) | | | Derivative Securities Beneficially Owned Following Reported Transaction | Owners Form o Derivat Security Direct (or Indir | Owners (Instr. 4) (D) ect |
| | | | | Code | v | (A) | (D) | Date Exerc | eisable | Expir Date | ration | Title | | Amount or Number of Shares | | | | |
| PHANTOM UNITS | <u>(1)</u> | 05/29/2018 | | M | | | 750 | 05/2 | 9/2018 | 3 05/2 | 9/2018 | COMN UNI | | 750.00 | <u>(1)</u> | 0 | D | |
| PHANTOM UNITS | (2) | 05/29/2018 | | M | | | 750 | 05/2 | 9/2018 | 3 05/2 | 9/2018 | COMN UNI | TS | 750.00 | <u>(2)</u> | 750 | D | |
| PHANTOM UNITS | (3) | 05/29/2018 | | M | | | 750 | 05/2 | 9/2018 | 3 05/2 | 9/2018 | COMN UNI | | 750.00 | (3) | 1,500 | D | |
| PHANTOM UNITS | <u>(4)</u> | 05/29/2018 | | M | | | 750 | 05/2 | 9/2018 | 3 05/2 | 29/2018 | COMN UNI | | 750.00 | <u>(4)</u> | 2,250 | D | |
| PHANTOM | <u>(5)</u> | 05/29/2018 | | Α | | 3,000 | | | <u>(6)</u> | | <u>(6)</u> | COMN | MON | 3,000.00 | \$ 0 | 3,000 | D | |

UNITS

Reporting Owners

UNITS

| | Relationships | | | | |
|------------------------|---------------|--|--|--|--|
| Reporting Owner Name / | | | | | |

| Address | Director | 10% Owner | Officer | Other |
|--------------------------------------------------------------------|----------|--------------|---------|-------|
| MCCAIN ELLIS L 700 MILAM ST. SUITE 1900 HOUSTON, TX 77002 | X | | | |

Signatures

| /s/ Sean N. Markowitz under POA by Ellis L. McCain | 05/31/2018 | | |
|----------------------------------------------------|------------|--|--|
| **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 05/29/14, the Reporting Person was granted 3,000 phantom units payable in common units and previously reported on a Form 4. Twenty-five percent of this grant vested on 05/29/18, the fourth anniversary of the grant date. Each phantom unit was the economic equivalent of one common unit of the Issuer.
- (2) On 05/29/15, the Reporting Person was granted 3,000 phantom units payable one-half in cash and one-half in common units and previously reported on a Form 4. Twenty-five percent of this grant vested on 05/29/18, the third anniversary of the grant date. Each phantom unit was the economic equivalent of one common unit of the Issuer.
- (3) On 05/29/16, the Reporting Person was granted 3,000 phantom units payable one-half in cash and one-half in common units and previously reported on a Form 4. Twenty-five percent of this grant vested on 05/29/18, the second anniversary of the grant date. Each phantom unit was the economic equivalent of one common unit of the Issuer.
- On 05/29/17, the Reporting Person was granted 3,000 phantom units payable one-half in cash and one-half in common units and previously reported on a Form 4. Twenty-five percent of this grant vested on 05/29/18, the first anniversary of the grant date. Each phantom unit was the economic equivalent of one common unit of the Issuer.
- (5) On 05/29/18, the Reporting Person was granted 3,000 phantom units payable one-half in cash and one-half in common units. Each phantom unit is the economic equivalent of one common unit of the Issuer.
- (6) The phantom units vest twenty-five percent on each of the first, second, third and fourth anniversaries of the grant date.

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.