FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					- 01 (0 00()	or tile i	TIV COUTICE		iipaiiy Act	0. 20										
1. Name and Address of Reporting Person* MORGAN CURTIS A						2. Issuer Name and Ticker or Trading Symbol Summit Midstream Partners, LP [SMLP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
															X	Direc	tor		10% C	wner		
-														_			er (give title	3		(specify		
(Last)	(F	irst) ((Middle)					st Trans	action (M	onth/	Day/Year)					below	,		below)			
C/O EQUIPOWER RESOURCES CORP.							11/14/2014									See Remarks						
100 CONSTITUTION PLAZA, 10TH FLOOR																						
100 GONGINO HON I ENEM, TOTHI LOOK						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)					7. "	4. II Amendment, Date of Original Filed (Month/Ddy/Year)										Line)						
HARTE	ORD C'	г (06103												X Form filed by One Reporting Person							
HARTORD CI 00103				_											Form filed by More than One Reporting							
																Person						
(City)	(5	tate) (Zip)																			
		Tabl	le I - Nor	ı-Deriv	<i>r</i> ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	efici	ally O	wne	ed .					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					th/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secur Bene Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							v	Amount		(A) or (D)	Price	, т	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)					
Common Units 11/14/						4					629		A	\$	0 4,602			D				
		Ta	able II - D													ned						
			(e.g., p	uts, c	alls	s, warr	ants,	option	s, c	onvertib	ole s	ecuri	ties)								
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. Transaction Code (Instr. 8)		ı of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Deriva Securi (Instr. !	ivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares									

Explanation of Responses:

Remarks:

The Reporting Person is a director of Summit Midstream GP, LLC, the general partner of the Issuer (the "General Partner"). The Issuer is managed by the directors and executive officers of the General Partner.

/s/ Brock M. Degeyter,
Attorney-in-Fact for Curtis A. 11/17/2014
Morgan

** 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 Number.