

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

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

1. Name and Address of Reporting Person* <u>Kayne Anderson Sponsor, LLC</u> (Last) (First) (Middle) <u>811 MAIN STREET, 14TH FLOOR</u> (Street) <u>HOUSTON TX 77002</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Altus Midstream Co [ALTM]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>12/21/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
CLASS A COMMON STOCK	12/21/2018		j ⁽¹⁾		2,000,000	D	\$7.63	0	D	

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
WARRANTS	\$10	12/21/2018		j ⁽¹⁾		3,182,141		11/09/2018	11/09/2023	CLASS A COMMON	3,182,141	\$0.00	0	D	

1. Name and Address of Reporting Person*
Kayne Anderson Sponsor, LLC
 (Last) (First) (Middle)
811 MAIN STREET, 14TH FLOOR
 (Street)
HOUSTON TX 77002
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
KAYNE RICHARD A
 (Last) (First) (Middle)
1800 AVENUE OF THE STARS, THIRD FLOOR
 (Street)
LOS ANGELES CA 90067
 (City) (State) (Zip)

1. Name and Address of Reporting Person*		
<u>KAYNE ANDERSON INVESTMENT MANAGEMENT INC</u>		
(Last)	(First)	(Middle)
1800 AVENUE OF THE STARS, THIRD FLOOR		
(Street)		
LOS ANGELES	CA	90067
(City) (State) (Zip)		
1. Name and Address of Reporting Person*		
<u>KAYNE ANDERSON CAPITAL ADVISORS LP</u>		
(Last)	(First)	(Middle)
1800 AVENUE OF THE STARS, THIRD FLOOR		
(Street)		
LOS ANGELES	CA	90067
(City) (State) (Zip)		

Explanation of Responses:

I. KAYNE ANDERSON SPONSOR, LLC DISTRIBUTED ALL SECURITIES OF ALTM OWNED BY IT (CLASS A COMMON STOCK AND WARRANTS) TO ITS EQUITY OWNERS.

Remarks:

[/S/ DAVID SHLADOVSKY
BY POWER OF ATTORNEY
FOR KAYNE ANDERSON
SPONSOR, LLC](#) [12/26/2018](#)
[/S/ DAVID SHLADOVSKY
BY POWER OF ATTORNEY
FOR RICHARD A. KAYNE](#) [12/26/2018](#)
[/S/ DAVID SHLADOVSKY
BY POWER OF ATTORNEY
FOR KAYNE ANDERSON
INVESTMENT
MANAGEMENT INC.](#) [12/26/2018](#)
[/S/ DAVID SHLADOVSKY
BY POWER OF ATTORNEY
FOR KAYNE ANDERSON
CAPITAL ADVISORS, L.P.](#) [12/26/2018](#)

** 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.