FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

| neck this box if no longer subject | 5 |
|------------------------------------|---|
| Section 16. Form 4 or Form 5 | |
| ligations may continue. See | |
| | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* O'Brien Sean | | | | | 2. Issuer Name and Ticker or Trading Symbol DCP Midstream, LP [DCP] | | | | | | | (Checl | k all app Direc | tor | ng Pe | rson(s) to Is 10% O Other (| wner | |
|--|--|--|---------------------------------|----------------------------------|---|--|---|--|--|--------|--|------------------------------|--|---|---|-----------------------------------|--|--|
| (Last) (First) (Middle) 370 17TH STREET, STE 2500 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2020 | | | | | | | X | Officer (give title below) Group Vice Pre | | below) | | · | |
| (Street) DENVE | | | 0202 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indir Line) X | Form | r Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting on | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | Executions/Year) if any | | Deemed cution Date, by nth/Day/Year) | | 3. 4. Securities Ad Transaction Disposed Of (D Code (Instr. 8) | | | | 4 and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | | saction(s) : 3 and 4) | | | (Instr. 4) |
| Common Units 03 | | | 03/12/2 | 2020 | | | P | | 16,500 | | \$6 | 5.01(1) | ¹⁾ 16,500 | | | 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) | if any | emed ion Date, //Day/Year) | Code (Ir | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Dei Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These common units were purchased in multiple transactions at prices ranging from \$6.00 to \$6.15, inclusive. The reporting person undertakes to provide upon request by the staff of the Securities and Exchange Commission, or a security holder of DCP Midstream, LP, full information regarding the number of common units purchased at each separate price within the range set forth herein.

Remarks:

/s/ Kamal K. Gala, Attorney-

in-Fact

03/12/2020

** 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.