SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

3235-OMB Number: 0104

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

1. Name and Address of Reporting Person* Bricker Michael			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 09/07/2020 3. Issuer Name <b>and</b> Ticker or Trading Symbol Sanchez Midstream Partners LP [ SNMP ]						
(Last) 55 HUDSC	(First) (Middle) UDSON YARDS				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
550 W 34TH STREET, 48TH FLOOR					X Director Officer (give	10% Owner Other (specify		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) NEW YORK	NY	10001	-		title below)	below)		X	Form filed Person	by One Reporting by More than One
(City)	(State)	(Zip)								
		Та	ble I - Non	-Derivati	ve Securities Benefi	cially O	wned			
1. Title of Sec	curity (Instr. 4)		ble I - Non		ve Securities Benefic 2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owno Form: I (D) or li (I) (Inst	ership Direct ndirect		ture of Indire ership (Instr.	
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	curity (Instr. 4)	) (e.g.	Table II - D	Perivative Is, warrar cisable and ate	2. Amount of Securities Beneficially Owned (Instr. 4) Securities Beneficia	3. Own Form: I (D) or II (I) (Inst ible sec ecurities	ership Direct ndirect r. 5)	owne		

**Explanation of Responses:** 

No securities are beneficially owned.

## /s/ Michael Bricker

09/17/2020 Date

\*\* Signature of Reporting Person

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 5 (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.