FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|---------------------------------------|--|--|--|----------------------|---|---|--|------------------------------|---------------------------|--|--|---|---|----------------------------------|--|------------|
| 1. Name and Address of Reporting Person* KLIMLEY BROOKS J | | | | 2. Issuer Name and Ticker or Trading Symbol Antero Midstream Corp [AM] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 9 SHERMAN AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2020 | | | | | | | | Office | r (give title belo | ow) | Other (specify | below |) | |
| (Street) | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| BRONX | VILLE, N | Y 10708 | | | | | | | | | | | | | one responding | | | |
| (City |) | (State) | (Zip) | | | Ta | ble I | - Non | -Deri | vative | Securities A | Acqui | ired, Dispo | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | | f Code (Instr. 8) | | 4. Securities Acqu (A) or Disposed or (Instr. 3, 4 and 5) | | f (D) Beneficia Reported | | nt of Securities ally Owned Following Transaction(s) | | Ownership o | | . Nature of Indirect Beneficial | | |
| | | | (Month/Day/Year) | | | ode | V | Amour | (A) or | Price | (Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Indirect (Instr. 4) | | | | |
| Common \$0.01 per | stock, par r share | value | 01/10/2020 | | | | | A | | 4,623 | | | 39,594 | | | D | | |
| | | | | | | | | quire | conta the fo | ained i orm dis sposed | n this forr splays a c | m are curre | not requesting ntly valid | OMB conf | spond unle trol numbe | ss | | (4 (9-02) |
| 1 Tid C | 12 | 2 T | | (e.g., p | - í | | | | | | tible secur | 1 | :41 | 0 D.: | 0 N | of 10. | I | 11. Nature |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Year) Execution Da | | te, if 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) | | Amo Und Secu | itle and ount of erlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form Deriva Securi Direct or Ind | of tive ty: (D) rect | of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (A) | | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| D 4 0 V / | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| KLIMLEY BROOKS J | 37 | | | | | | |
| 9 SHERMAN AVENUE BRONXVILLE, NY 10708 | X | | | | | | |

Signatures

| /s/ Alvyn A. Schopp, as attorney-in-fact for Brooks J. Klimley | 01/14 | /2020 |
|--|-------|-------|
| -Signature of Reporting Person | Dat | te |

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).

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.