FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| vvasinigton, | D.O. 20040 | |
|--------------|------------|--|
| | | |

| OIVID APPROVAL | | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average | burden | | | | | | | | | |

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 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* <u>Lambert Joel Christian</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Crestwood Equity Partners LP [CEQP] | | | | | | | | (Ch | ieck all appl Direct | licable) | ng Person(s) to I | | | | |
|--|--|--|--------------|---|---|--|--|--|---------------------|---|--|------------|-----------------------------------|---|--|---|--------------|--|------------|--|
| (Last) (First) (Middle) 811 MAIN STREET SUITE 3400 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/06/2021 | | | | | | | | | | EVP, | below) below) EVP, Legal, Safety Compliance | | | ce | | |
| (Street) HOUST(| | | 7002 (ip) | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | e) X Form Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | Benefic | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | Transa | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Units 01/06 | | | | 01/06/2 | 2021 | | | | A | | 61,907(1) |) / | 1 | \$0.0 | 0 25 | 256,633 | | | | |
| Common Units 01/06/2 | | | | 2021 | | | Α | | 5,000(2) | | A | \$0.0 | 0 26 | 261,633 | | | | | | |
| | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | oer | | | | | | |

Explanation of Responses:

- 1. Restricted units granted under the Crestwood Equity Partners LP 2018 Long Term Incentive Plan. The restricted units vest at the rate of 33.33% on each anniversary of the grant date.
- 2. Restricted units granted under the Crestwood Equity Partners LP 2018 Long Term Incentive Plan. The restricted units vest on the third anniversary of the grant date.

Remarks:

/s/ Judy Riddle, attorney-infact for Joel C. Lambert

01/08/2021

** 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.