**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**

Griffie Charles G.

9950 WOODLOCH FOREST DR.
SUITE 2800
THE WOODLANDS TX 77380

**2. Issuer Name and Ticker or Trading Symbol**

Western Midstream Partners, LP [WES]

**3. Date of Earliest Transaction (Month/Day/Year)**

08/13/2020

**5. Relationship of Reporting Person(s) to Issuer**

X Director
10% Owner
Officer (give title below)
SVP, Ops and Engineering

**4. If Amendment, Date of Original Filed (Month/Day/Year)**


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

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Date of Transaction (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 5)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Units representing limited partner interests</td>
<td>08/13/2020</td>
<td>A</td>
<td>2,063</td>
<td>A</td>
<td>$0</td>
<td>4,963</td>
<td>D</td>
</tr>
<tr>
<td>Common Units representing limited partner interests</td>
<td>08/13/2020</td>
<td>D</td>
<td>503</td>
<td>D</td>
<td>$9.88</td>
<td>4,460</td>
<td>D</td>
</tr>
</tbody>
</table>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

**Explanation of Responses:**

/s/ Philip C. Neisel, as attorney-in-fact 08/17/2020

**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).


**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.**