FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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>CHEESEMAN CANDICE L</u> | | | | 2. Issuer Name and Ticker or Trading Symbol SemGroup Corp [SEMG] | | | | | | | | | heck all ap Dire | ctor | 10 | % Owner | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|------------------------------|-----------------|-------------------------------------------------------|---------------------------|------------------------------------|-------------------|------------------------|---------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| (Last) (First) (Middle) 6120 S YALE STE 700 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2011 | | | | | | | | | A belo | fficer (give title Other below) General Counsel and Secreta | | , | | |
| (Street) TULSA (City) | OF | | 74136 Zip) | | 4. If | Ame | ndment | , Date o | of Original | Filed | (Month/Da | ay/Year |) | 6. Lir | ne) X Forr | or Joint/Group n filed by One n filed by Mo son | e Reporting I | Person |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Instr. 5) | | | (A) or 3, 4 ar | nd Secur Benef | icially d Following | 6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect | | | | | |
| | | | | | | | | | Code | v | Amount (A) (C) | | A) or D) | Price | Trans | action(s) 3 and 4) | | (IIISU. 4) |
| Common Stock 0 | | | 02/04 | /2011 | | A | | 3,276 A | | \$0 |) 2 | 23,576 | | | | | | |
| | | Та | ble II - D (e | | | | | | | | sed of, onvertib | | | | / Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | 6. Date E Expiratio (Month/D | n Date ay/Ye | • | 7. Titl Amou Secur Under Deriva Secur and 4 | int of ities rlying ative ity (Ins | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Beneficial Ownership ct (Instr. 4) |

Explanation of Responses:

Candice L. Cheeseman

02/08/2011

** 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.