ADAMS P. BRADLEY Form 5/A Janua FC

January 02,	2018										
FORM	Λ5									PROVAL	
		STATES S					GE CO	MMISSION	OMB Number:	3235-0362	
Check the no longer			Was	hington, D	.C. 2054	9			Expires:	January 31, 2005	
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction									Estimated average burden hours per response 1.0		
1(b).	Filed pur ^{Ioldings} Section 17(ons	(a) of the Pu	ublic Ut		ig Comp	any A	Act of 1	Act of 1934, 935 or Sectior	1		
	Address of Reporting . BRADLEY	S T	Symbol	ame and Tic ISE ENER STRUCTUE	GY	-	Is	Relationship of suer	Reporting Pers		
(Last) 11550 ASH	(First) ((1 1	8. Stateme Month/Da 1/30/20	•	Fiscal Ye	ar End		Director _X Officer (give elow) Chief E			
	(Street)	F		ndment, Date th/Day/Year))16	Original		6.	. Individual or Jo	int/Group Repo	-	
LEAWOO	D, KS 66211						_	X_ Form Filed by C Form Filed by M erson			
(City)	(State)	(Zip)	Table	e I - Non-Der	ivative Se	curitie	s Acquir	red, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transaction Code (Instr. 8)	4. Securi (A) or D (Instr. 3, Amount	isposed	d of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Ownership	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	09/01/2015	Â		L	13.59 (1)	А	\$ 35 76	7,355.3 <u>(2)</u> (4)	D	Â	

Shares	07/01/2013	11	L	(1)	11	35.76	(4)	D	11
Comm Shares	09/01/2015	Â	L	1.82 (1)	А	\$ 35.76	101.82	Ι	By spouse
Comm Shares	10/09/2015	Â	P4(3)	226	А	\$ 30.96	7,355.3 <u>(4)</u>	D	Â
Comm Shares	11/20/2015	Â	P4 <u>(3)</u>	235	А	\$ 29.41	7,355.3 <u>(4)</u>	D	Â

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Common Shares	10/06/2015(4)	Â	P4(4)	183 <u>(4)</u> A	\$ 30.96	7,355.3 <u>(4)</u>	D	Â
Common Shares	11/17/2015 <u>(4)</u>	Â	P4 <u>(4)</u>	183 <u>(4)</u> A	\$ 29.41	7,355.3 <u>(4)</u>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.SEC 2270
(9-02)

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ADAMS P. BRADLEY 11550 ASH STREET SUITE 300 LEAWOOD, KS 66211	Â	Â	Chief Executive Officer	Â			
Signatures							

P. Bradley Adams <u>**</u>Signature of Reporting Person Date

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).
- (1) Automatic reinvestment of distribution by broker not made at the Tortoise Energy Infrastructure Corporation dividend reinvestment plan price. This transaction is being reported on Form 5 pursuant to Rule 16a-6.
- (2) Includes 103.31 shares acquired under the Tortoise Energy Infrastructure Corporation dividend reinvestment plan.

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(3) Non-discretionary transaction; transaction by reporting person's investment adviser in account over which reporting person has no discretion

This Form 5 Amendment is being filed to correct the original Form 5 filing for fiscal year end 11/30/15 to include certain

(4) non-discretionary purchases by the reporting person's investment adviser in an account over which the reporting person has no discretion which were inadvertently excluded from the original Form 5 filing.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.