

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

OMB APPROVAL					
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INITIAL STATEMENT OF 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 Type Respon	nses)										
Name and Address of Reporting Person * Leitze Kristin M		2. Date of Event Requiring Statement (Month/Day/Year) 12/20/2019		3. Issuer Name and Ticker or Trading Symbol CorEnergy Infrastructure Trust, Inc. [CORR]							
(Last) 1100 WALNUT,	(First) , SUITE 3350	(Middle)					4. Relationship of Issuer			5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person	
KANSAS CITY.	(Street)						(Check Director X_ Officer (give tit below)	all applicable) leOther (spe	cify Applicable _X_Form f		
KANSAS CITT,	, MO 04100						Chief Accounting Off		Form fi	iled by More than One Reporting Person	
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)			2. Amount of Se Beneficially Own (Instr. 4)			ned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock	Common Stock			37	375			D			
Reminder: Report on	Persons unless th	who respond ne form displa	I to the cays a cur	ollection rently val	of info	ormatio IB cont	on contained in t rol number.				
1 T'd CD ' d'					 	· · ·	, puts, calls, war			ľ	
1. Title of Derivative (Instr. 4)	Security	d Expiration Date onth/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			ate ercisable	Expiration Date	Title	Amour	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)		
									()		

Reporting Owners

Donouting Owney Name /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Leitze Kristin M 1100 WALNUT SUITE 3350 KANSAS CITY, MO 64106			Chief Accounting Officer			

Signatures

/s/ Kristin Leitze	12/27/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.