	Hif1a CD (n=6)	aP2- <i>Hif1a</i> K O CD (n=6)	Hif2a CD (n=4)	aP2- <i>Hif2a</i> K O CD (n=4)	Hif1a HFD (n=5)	aP2- <i>Hif1a</i> KO HFD (n=5)	Hif2a HFD (n=4)	aP2- <i>Hif2a</i> K O HFD (n=4)
Plasma NEFA mmol/L (5h fast)	1.0±0.07	0.9±0.08	0.8±0.02	1.0±0.05	1.1±0.1	1.1±0.04	0.8±0.05	0.8±0.03
Liver TAG mmol/L corrected for protein	0.4±0.07	0.3±0.07	0.2±0.03	0.2±0.05	1.3±0.05	1.2±0.07	1.1±0.16	1.2±0.15

Supplemental Table 1. Plasma NEFA and liver triglyceride levels in aP2-*Hif1a*KO and aP2-*Hif2a*KO mice under control and high fat diets.

Data are mean±SEM. CD, control chow diet. HFD, high fat diet (58% kcal fat). NEFA, non-esterified fatty acids and TAG, triglycerides.

Supplementary Figure 1. *Phd2* levels were not affected by adipocyte-specific *Phd2* deletion in other tissues. (*A*) A schematic view (upper panel) of the genomic PCR used to detect the recombined *Phd2* allele (450bp)and agarose gel (lower panel) showing recombination in white adipose tissue depots (epi; epididymal, mes; mesenteric), brown adipose tissue (BAT) and isolated adipocytes (adipo). Note recombination in the stromovascular fraction (SVF) but not in isolated peritoneal macrophages (M ϕ) in aP2-*Phd2*KO mice. (*B*) Recombination PCR gels show that there is no recombination (Cre-mediated excision) present in muscle, liver, spleen or heart in aP2-*Phd2*KO tissues. (C) Adipose *Phd2* deficiency (black bars) did not affect adipose *Phd1* or *Phd3* mRNA levels.



Supplementary Figure 2. *Hif1a* deficient adipocytes do not respond to hypoxic stimulus and have reduced HIFa target genes. (A) Adipocytes from aP22-*Hif1a*KO mice (black bars, n=3) and *Hif1a* controls (white bars, n=3) were isolated and cultured in 21% O₂ or 1% O₂ for 6 hours. Cells were then lysed and probed with a HIF1a antibody. Representative blot (upper panel) and quantification graph (lower panel) showing significantly ablated HIF1a response in hypoxia in aP2-*Hif1a*KO adipocytes. (*B*) *Glut1* mRNA levels in isolated aP2-*Hif1a*KO adipocytes (black bars) are ~24 fold lower compared to control *Hif1a* adipocytes (white bars), n=3/group. mRNA levels are corrected for 18S and protein for beta ACTIN levels. AU; arbitrary units. * p<0.05, ** p<0.01, *** p<0.001 comparisons between genotypes. *p<0.05 comparison of the effect of hypoxia within genotype.



Supplementary Figure 3. Unaltered pro-fibrotic genes in adipose of aP2-*Phd2***KO mice.** WAT mRNA levels of pro-fibrotic genes involved in adipose "scarring" such as collagens 1 (*Col1*), 3 (*Col3*), 6 (*Col6*), matrix metalloproteinases 2 and 13 (*Mmp2*, *Mmp13*) and the collagen crosslinking protein lysyl oxydase (*Lox*) in **aP2-***Phd2***KO** mice (black bars, n=6) were similar to control littermate levels (white bars, n=5).



Supplementary Figure 4. Opposing metabolic responses in aP2-*Hif1a*KO and aP2-*Hif2a*KO mice during High FatFeeding. aP2-*Hif1a*KO (*A*-*C*) and aP2-*Hif2a*KO (*D*-*F*) mice with their littermate controls were fed a High fat diet (HF, 58%kcal fat) for 12 weeks. (*A*) aP2-*Hif1a*KO (black squares-dashed line, n=6) gained less weight on a HF diet compared to control *Hif1a* mice (open circle-solid line, n=9). (*B*) aP2-*Hif1a*KO had similar glucose levels during oral glucose tolerance test (OGTT) at 6weeks (open square-dashed line) on HF diet to control mice and retained their glucose response after 12 weeks (black square-bold dashed line) on the diet, in contrast to control mice that showed impairment (open circle versus black circle, n=5/group). (*C*) Similar insulin levels during HF. (*E*) aP2-*Hif2a*KO showed impaired response to OGTT at 6 and 12 weeks on HF diet and (*F*) aP2-*Hif2a*KO had higher basal fasting insulin during the OGTT compared to control littermates (n=6/group). * p<0.05, **p<0.01comparisons between genotypes and +p<0.05 comparisons of time (6-12 weeks) within genotype.



Supplementary Figure 5. Adipose *Hif1a* deficiency induces NEFA release under hypoxic conditions. aP2-*Hif1a*KO adipocytes (black bars) cultured in normoxia (21%O₂) or hypoxia (1%O₂) and stimulated with CL316,243 show increased lipolytic response in hypoxia (n=4/group). Quantification of immunoblots of) basal and CL316,243 stimulated HSL, phosphorylated HSL and perilipin levels (*A*-*C*) (n=3/group) in aP2-*Hif1a*KO adipocytes in hypoxia. Total HSL and perilipin protein levels are corrected for beta ACTIN (AU), and phosphorylated HSL corrected for total HSL (AU). * p<0.05, ***p<0.001 comparisons between genotypes.



Supplementary Figure 6. Adipose *Hif2a* deficiency does not affect lipolysis. (*A*) NEFA release in medium of Ap2-*Hif2a* (black bars) adipocytes cultured in normoxia (21% O₂) or hypoxia (1% O₂) and stimulated with CL316,243 show similar lipolytic response to control *Hif2a* (white bars) adipocytes (n=4/group). (*B*) Representative immunoblots of basal total HSL levels and quantification graph (n=3/group) in Ap2-*Hif2a* adipocytes in normoxia and hypoxia. (*C*) Representative immunoblots of CL316,243 stimulated total HSL levels and quantification graph (n=3/group) in Ap2-*Hif2a* adipocytes are corrected for beta ACTIN levels.

