Edgar Filing: Groeschel Craig - Form 4

Groeschel Cr Form 4	-										
FORM	4 UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check thi if no long subject to Section 1 Form 4 or Form 5 obligatior	6. Filed pur								January 31Expires:2005Estimated averageburden hours perresponse0.5		
may conti See Instru 1(b).	inue. Section 17(tility Holo vestment	•	-	•	1935 or Sectior 0	I		
(Print or Type R	Responses)										
Groeschel Craig Symbol GULFI			Symbol	er Name and Ticker or Trading PORT ENERGY CORP				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 3001 QUAII	(First) (I	Middle)	3. Date of (Month/D	f Earliest Ti Day/Year)	ransaction			X Director Officer (give t below)		Owner r (specify	
			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
	IA CITY, OK 73							Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dee (Month/Day/Year) Executio any (Month/			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)			
Common Stock	12/15/2017			S	7,059 (1) (2)	D	\$ 12.158 (3)	18,389	D		

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.

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

Edgar Filing: Groeschel Craig - Form 4

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/	a Date ay/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Groeschel Craig 3001 QUAIL SPRINGS OKLAHOMA CITY, OK	Х							
Signatures								
/s/ Craig Groeschel	12/19/201	7						
**Signature of	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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person.
- (2) These shares represent vested restricted stock units previously granted to the reporting person under the Issuer's equity incentive plan.

This transaction was executed in multiple trades at prices ranging from \$12.01 per share to \$12.38 per share, inclusive. The price reported above reflects the weighted average sale price. The reporting person undertakes to provide Gulfport Energy Corporation, any security

(3) above reflects the weighted average sate price. The reporting person undertakes to provide comport Energy Corporation, any security holder of Gulfport Energy Corporation or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

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.

Reporting Person