FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGE | S IN BENEFI | CIAL OWNE | RSHIP |
|------------------|-----------|-------------|-----------|-------|

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* STEPHENS CHAD L | | | | | | 2. Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [RRC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | wner |
|---|---------------------|------------------------|---|--------------|---|---|---|---|---|--|----------------------------|---|-------------------------|---|--|---|-------------------|---------------------|-----------|
| (Last) (First) (Middle) 100 THROCKMORTON, SUITE 1200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2015 | | | | | | | | | X Officer (give title Other (specify below) Sr. Vice President | | | | | |
| (Street) FORT WORTH TX 76102 | | |)2 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | | | | on . | | | | |
| (City) | (S | | Zip) | | | Person | | | | | | | | | | | | | |
| | | Tabl | e I | - Non-Deriv | _ | | | | iired, | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | d (A) or r. 3, 4 and 5) | 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. | | | |
| | | | | | | | Code | v | Amount | (<i>A</i> | A) or D) | Price | Transact (Instr. 3 a | on(s) | | | 4) | | |
| Common | Stock | | | 04/08/2015 | 5 | | | S | | 4,683 | | D | \$55.1862 | 2 75,0 | 670 | I | | Defe Com Acco | pensation |
| Common | Stock | | | | | | | | | | | | | 119, | 145 | D | | | |
| Common Stock | | | | | | | | | | | | | 12, | 502 | I | I 401(k) Plan | | k) Plan | |
| Common Stock | | | | | | | | | | | | 40, | 000 |) I Spo | | Spot | ise Trust | | |
| Common | Stock | | | | | | | | | | | | | 27, | 500 | I | | trust | for self |
| Children's | Children's Holdings | | | | | | | | | | | | | 4,7 | 4,779 | | Children's shares | | |
| Spouse Holdings | | | | | | | | | | | | 19,500 | | I | I Spouse's shares | | | | |
| | | Ta | ble | II - Derivat | | | | | | | | | Beneficia ecurities | | d | | | | |
| | | nsaction le (Instr. | 5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5) | ve es d D | Date E | Expiration | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number | | 8. Price of Derivative Security (Instr. 5) (Instr. 5) 8. Price of deriva Security Security Owne Follow Repor | | rities Form ficially Direc ed or Inc wing (I) (In rted faction(s) | | (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Rodney L. Waller by Power of <u>Attorney</u>

04/09/2015

** 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.