FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-028
Estimated average burden

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| l | Section 16. Form 4 or Form 5 | | | | | | | | |
| | obligations may continue. See | | | | | | | | |
| | Instruction 1(b). | | | | | | | | |

| | | | | | or | Section | 30(h) | of th | è Ínves | stment | Company Ac | t of 1940 |) | | | | | | | | |
|--|---|-----|----------------|--|------------------------------|--|---|-------|---|--------------|---|---|---|---|---|--|---|--|---|--|--|
| 1. Name and Address of Reporting Person* <u>Walker Ray N JR</u> | | | | | | 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 | | | | | | |
| (Last) (First) (Middle) 100 THROCKMORTON, STE 1200 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/20/2015 | | | | | | | | | X Office below | ′ | ve title EVP and COO | | Other (specify below) | | |
| (Street) FORT WORTH TX 76102 (City) (State) (Zip) | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reportin Person | | | | | | | | | | | on | | | | |
| | | Tab | le I - | Non-Deriv | ative | Sec | uritie | s A | cquii | red, I | Disposed | of, or | Benefic | cia | ally Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | ear) | 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 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 | (A) or (D) | Price | | Transaction (Instr. 3 and | | | | 4) | | |
| Common | ommon Stock 01/20/201 | | | | | | | | S | | 2,480 | D | \$48.33 | 3 | 147,072 | | I | I C | | Deferred Compensation Account | |
| Common Stock 01/20/201 | | | | | 15 | 5 | | | J | | 8,148 | B,148 D \$48.3 | | 3 | 138,924 | | I | | Deferred Compensation Account | | |
| Common Stock 01/20/2015 | | | | | 15 | 5 | | | J | | 8,148 | A | \$48.33 | 3 | 20,123 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | 3,666 | | I | | 401k | | | |
| | | Та | able | II - Derivat (e.g., p | | | | | | | sposed of, , converti | | | | y Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Exec if any | Deemed oution Date, y yth/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp (Mo | iration | ercisable and Date y/Year) | Amou Secur Under Deriva Secur | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | deriva Securi Benefi Owned Follow Repor | ities icially d ving ted action(s) | 10. Owne Form: Direct or Ind (I) (Ins | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisabl | Expiration le Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

Patti Williams by Power of Attorney

01/21/2015

** Signature of Reporting Person

Date

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

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.

^{*} 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).