FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |

0.5

hours per response:

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 7 | | | | | | | | | | |
|--|---|----------------------|-----------------------------------|--|---|--|--------|---|---|--|-----------------------|----------------------|---------|--|--|--|--|-------------------|---|------------|--|
| 1. Name and Address of Reporting Person* <u>Scucchi Mark</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [RRC] | | | | | | | | | | | all app | licable) ctor | g Person(s) to Is | |)wner | |
| (Last) 100 THR SUITE 1 | | rst) (TON STREET | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2019 | | | | | | | | | | X | Officer (give title below) SVP & CFO | | | (specify | | |
| (Street) FORT W (City) | ORTH T | | 76102 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 08/02/2019 | | | | | | | | | 3. Indi∖ _ine) X | Form Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | on-Deriva | ative | Secu | uritie | s Ac | quired | l, Di | sposed o | f, or | Ben | efic | ially | Owne | ed | | | | |
| Date | | | 2. Transact Date (Month/Day | | Exec if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | and 5) Securities Beneficially Owned Foll | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) Pr | | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 08 | | | | 08/01/2 | 2019 | | | | P | | 8,791.42 | (1) | A \$5.0 | | 873 | 12,521.3073 | | I | | 401K | |
| Common Stock | | | | | | | | | | | | | 14,149 | | D | | | | | | |
| Common Stock | | | | | | | | | | | | | | | 129,565 | | I | | Def Comp Account | | |
| Common Stock | | | | | | | | | | | | | | 2, | | ,725 I | | | IRA | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date urity or Exercise (Month/Day/Year) if any | | on Date, (| 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owner Form Direct or Inc (I) (In | t (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

 $1.\,401\mathrm{k}$ purchase restated due to an error by $401\mathrm{k}$ plan administrator

/s/ David P. Poole, attorney-infact 08/13/2019

** 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.