FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number: 3235-0 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* Poole David P (Last) (First) (Middle) 100 THROCKMORTON, SUITE 1200							Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [RRC] 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2016								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Sr. VP & General Counsel							
(Street) FORT WORTH TX 76102 (City) (State) (Zip)						4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3) 2. Transa Date				2. Transactio	n (ear)	2A. Deemed Execution Date		е,	3.		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	Stock				06/09/20	16				J		11,486	D	\$46.21	77,90	2	I		Deferred Compensation Account			
Common	Stock				06/09/20	16				J	11,486 A \$46.21 30,920 D											
Common	Stock				4,799 I 401k								i									
			Та	ble								sposed of , converti			lly Owned s)							
1. Title of Derivative Security (Instr. 3)	2. Conversic or Exercis Price of Derivative Security	on se	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed ution Date, / tth/Day/Year)	4. Transa Code 8)	(Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	Exp (Mo	iration nth/Da	y/Year)	and 4	int of ities rlying ative ity (Instr. 3	-	deriva Secur Benef Owner Follov Repor	ities icially d ving ted action(s)	Form: Direct or Ind				

Explanation of Responses:

/s/ Bryan C. Taylor, attorney-

** Signature of Reporting Person

in-fact

07/01/2016

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.