FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
| | |

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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* Scucchi Mark | | | | | 2. Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [RRC] | | | | | | | | | | (Check all ap Dire | | olicable) | | Issuer Owner r (specify |
|--|--------|-------------------------|--|--|--|--|---------|---|---|--|---------|----------|---------------|---|--|---|---|------------------------|-------------------------|
| (Last) 100 THR SUITE 1 | OCKMOF | irst) (| Middle) | | 02/2 | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2019 | | | | | | | | | | svp & cfo | | | |
| (Street) FORT W (City) | ORTH T | | 76102 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, o | r Ber | nefic | ially | Owne | ed | | |
| | | | 2. Transaction Date (Month/Day/Year) | | r) I | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Securiti | | ities icially d Following | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | се | Transa | action(s) 3 and 4) | | (111501.4) |
| Common Stock | | | 02/20/2019 | | | | | A | | 1,005(| 1) | A | \$1 | 11.08 | | 3,068 | D | | |
| Common | Stock | | | | | | | | | | | | | | 3,696 I | | | | 401K |
| Common Stock | | | | | | | | | | | | | | | 4 | 7,401 | I | Def Comp Account | |
| Common Stock | | | | | | | | | | | | | | | - 2 | 2,725 | I | IRA | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Security or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) or Exercise Price of Price of Derivative Security | | Transa Code (I 8) | | 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 | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Shares are issued based on the application of performance criteria under February 2016 PSU grant which resulted in 20% of the target vesting.

Remarks:

As of 2/20/2019, Mark Scucchi also holds 16,282 PSUs.

/s/ David P. Poole, attorney-in-02/21/2019 fact

** 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.