FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP     | ROVAL   |
|-------------|---------|
| OMB Number: | 2225 02 |

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  MANNY ROGER S       |  |      |   |        |                                | 2. Issuer Name <b>and</b> Ticker or Trading Symbol RANGE RESOURCES CORP [ RRC ] |        |       |                                     |                                     |   |        |   |                            |                     | Check                 | all app   | licable)  |  |                           | ssuer Owner (specify   |
|---|--|------|---|--------|--------------------------------|---|--------|-------|-------------------------------------|-------------------------------------|---|--------|---|----------------------------|---------------------|-----------------------|---|---|--|---------------------------|--|
|   |  |      |   |        |                                | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2004                     |        |       |                                     |                                     |   |        |   |                            |                     | X                     | belov   | v)  | below)   |                           |  |
| Street) FORT WORTH TX 76102  (City) (State) (Zip)             |  |      |   |        | 4. If                          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |        |       |                                     |                                     |   |        |   |                            |                     | . Indivine)           | ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |  |                           |  |
|   |  | Tabl | e I - Nor                                     | -Deriv | ative                          | Se  | curiti | es Ac | qu                                  | ired,                               | Disp                                      | osed o | f, or   | Bene                       | efici               | ally                  | Owne  | ed  |  |                           |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |      |   |        | Execution Date,                |   |        | ,     | Transaction Dispose Code (Instr. 5) |                                     | ities Acquired (A)<br>d Of (D) (Instr. 3, |        |   | 4 and Secu<br>Bene<br>Owne |                     | cially<br>I Following | Forr<br>(D) (   | wnership<br>m: Direct<br>or Indirect<br>nstr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |                           |  |
|   |  |      |   |        |                                |   |        |       |                                     | Code                                | v   | Amount | (,  | A) or<br>D)                | Price               |                       |   | action(s)<br>3 and 4)   |  |                           | (Instr. 4)   |
| Common Stock 09/10/2  |  |      |   |        | /2004 <sup>(</sup>             | 2004 <sup>(1)</sup>   |        |       | A                                   |                                     | 280                                       |        | A   | \$15.2                     |                     | 15,505                |   |   | I  | Deferred<br>Comp<br>Acct. |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |      |   |        |                                |   |        |       |                                     |                                     |   |        |   |                            |                     |                       |   |   |  |                           |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  |      | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,  | 4.<br>Transactic<br>Code (Inst |   |        |       | Ex                                  | Date Expiration                     | n Date                                    |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>and 4) |                            | str. 3              | Deri<br>Secu          | Price of<br>ivative<br>curity<br>str. 5)  | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners<br>Form:<br>Direct (<br>or Indir<br>(I) (Inst | Ownership                 | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |  |      |   |        | Code                           | Code V  |        | (D)   |                                     | Date Expiration<br>Exercisable Date |   |        | Title   | or                         | ount<br>nber<br>res |                       |   |   |  |                           |  |

## **Explanation of Responses:**

 $1. \ Company \ match in the \ deferred \ compensation \ plan \ deposited \ 9/10/04. \ The \ match \ vests \ 1/3 \ each \ year \ over \ three \ years \ on \ December \ 31st.$ 

Rodney L. Waller by Power of Attorney

09/10/2004

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.