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

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>STEPHENS CHAD L</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [RRC] | | | | | | | | | | Check | all app | pplicable) ector | | 10% Owner | |
|---|---|------------|--|---------------|--|---|---------|---|--|-----|---------------------|--|-----------------|---|---------------|---|--|---|--|--|
| (Last) | ` | irst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2007 | | | | | | | | | X | Officer (give title below) Sr. Vice | | Pres | Other (specify below) President | |
| (Street) FORT W (City) | ORTH T | | 76102 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 01/03/2008 6. Individual or Joint/Group Filing (Charles) X Form filed by One Reporting Form filed by More than One Person | | | | | | | oorting Pers | on | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally (| Owne | ed | | | |
| Dat | | | 2. Trans Date (Month/I | /Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | nd | 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. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . | Transa | action(s) 3 and 4) | | | (11150.4) |
| Common | Stock | | | 12/18/ | /2007 ⁽ | 1) | | | A ⁽²⁾ | | 223 | | A | \$47 | 7.19 | 1 | 2,447 | | I | by 401(k) Plan |
| | | Ta | | | | | | | | | sed of, onvertib | | | | | /ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Exect | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | е | nd 7. Title and Amount of Securities Underlying Derivative Security (II and 4) | | str. 3 | Deriv Secu | Price of erivative ecurity istr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ires | r | | | | | |

Explanation of Responses:

- 1. The company made a profit sharing contribution in Company common stock to its 401(k) plan at the close of business on 12/18/07 but the plan administrator did not credit the accounts of the participants until 12/27/07. Participants were not informed of the actual contributions until after 12/27/07 which gave rise to the initial late filing. This amendment amends the initial filing to show the correct date of grant
- 2. Profit Sharing Contribution Discretionary profit sharing contribution made in company stock and deposited into the employee's 401(k) account. The profit sharing contribution becomes 100% vested following three years of employment.

Rodney L. Waller by Power of 01/07/2008 **Attorney**

** 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.