FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |
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OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| Check this box if no longer subject to |
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| 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* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------|--|---|----------|---|---|---|---------|--|--------|--------------------|---|--|------------------------------------|--|---|---|--|--|
| PINKERTON JOHN H | | | | | | $ \frac{\mathbf{K}\mathbf{A}}{\mathbf{A}} $ | RANGE RESOURCES CORP [RRC] | | | | | | | | (Cricci | Direc | , | 10% (| Owner | |
| | | ·-· | | | | | oto of | Farlias | t Trons | action (| Month | /Day/Maar) | | | X | Offic belov | er (give title v) | Other below | (specify | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2005 | | | | | | | | | | President | t and CEO | ĺ | |
| C/O RANGE RESOURCES CORPORATION | | | | | | | | | | | | | | | | | | | | |
| 777 MAIN STREET, SUITE 800 | | | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | | | , J (1 | | | | | | | | Line) | | | | | |
| FORT WORTH TX 76102 | | | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | | (Stat | e) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or B | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (Instr. 4) | |
| Common Stock 08/02/20 | | | | | | |)05 | | | s 5,000 | | D | \$31. | 0328 | 92,306 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercing Price of Derivative Security | on I | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | on Date, | I. Fransaction Code (Instr. 3) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | rative derive secues. 5) Bene Owner Follo Repo | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Rodney L. Waller by Power of <u>Attorney</u>

08/02/2005

** 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.