FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Walker Ray N JR	2. Date of Event Requiring Staten Month/Day/Year 02/08/2010	nent	3. Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [ RRC ]					
(Last) (First) (Middle) 100 THROCKMORTON, STE 1200			Relationship of Reporting Perso (Check all applicable)     Director	10% Owne	r (M	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) FORT WORTH  (City) (State) (Zip)			X Officer (give title below)  Sr. Vice Presid	Other (spec below) lent	Ap	plicable Line) $old X$ Form filed b	/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  4. Nature of Indirect Beneficial (Instr. 5)		Beneficial Ownership		
Common Stock			994	I 401k				
Common Stock			83,099	I Defer		rred Compensation Account		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversio or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		
Stock Appreciation Right	02/01/2008	02/01/2012	Common Stock	8,000	31	D		
Stock Appreciation Right	02/12/2009	02/12/2013	Common Stock	13,560	58.6	D		
Stock Appreciation Right	02/18/2010	02/18/2014	Common Stock	16,913	34.13	D		

Explanation of Responses:

Patti Williams by Power of Attorney 02/12/2010

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).