FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | JVAL | | | | | |
|------------------------|---------------------------------------|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | |
| Estimated average burd | en | | | | | |
| hours per response: | 0.5 | | | | | |
| | OMB Number: Estimated average burd | | | | | |

Check this box if no longer subject to 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

| | | | | | | | . , | | | | <u>' </u> | | | | | | | | | |
|---|--|-----------------|--------|---|------------|---|---|---|--|-----------------------|---|----------------------------|--|----|---|------|---|--|-------------------------------------|--|
| 1. Name and Address of Reporting Person* LINKER JONATHAN S | | | | | | | | | g Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| LINKER JUNAI HAIN 5 | | | | | - | RANGE RESOURCES CORP [RRC] | | | | | | | | | X Direc | ctor | 10% Owne | | wner | |
| (Last) C/O RAN | | Date of 1/04/20 | action | (Mont | th/Day/Yea | | Officer (give title below) | | | Other (specify below) | | | | | | | | | | |
| 100 THROCKMORTON, SUITE 1200 | | | | | 4 | If Amen | of Origin | al Fil | led (Month | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | |
| (Street) FORT WORTH TX 76102 | | | | | - " | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transaction Date (Month/Day/Ye | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | ı Di: | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5 | | | 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Ownership (Instr. | |
| | | | | | | | | Cod | le V | An | mount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | 4) | |
| Common Stock | | | | 01/04/2013 | 3 | | | | | | 5,545 | D | \$64.70 | 12 | 17,098 | | I | | Deferred Compensation Account | |
| Common | Stock | | | | | | | | | | | | | | 27,500 | | D | | | |
| | | Та | ble | II - Derivat (e.g., p | | | | | | | posed o | | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution or Exercise (Month/Day/Year) if any | | | | | saction e (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | An Se Un De Se | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | e V | (A) | (D) | Date Exerci | sable | Expiration Date | on Tit | Amou or Numb of e Share | er | r | | | | | |

Explanation of Responses:

Rodney L. Waller by Power of **Attorney**

01/07/2013

** Signature of Reporting Person

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.