FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, D.C. 20049 | OMB APP | ROVAL |
|--|-------------|-------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 |

| OMB Number: | 3235-0287 |
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| Estimated average burde | en |
| houre per reenonee. | 0.5 |

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

| 1. Name and Address of Reporting Person* DUB ANTHONY V | | | | | | 2. Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [RRC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|--|--|-----------------|------------------------------|---|--|----------------------------------|------------------|--------------------|--|-----------------|---|---|--|-------------------------------------|--|---------------------------------------|------------|--|
| | | st) (N JRCES CORPOR SUITE 800 | fiddle) | N | 05/2 | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2007 | | | | | | | | | officer (| give title | | Other (s | specify | |
| (Street) FORT WORTH TX 76102 | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | te) (Z | ip) | | | | | | | | | | | | | | | | | |
| | | Table | e I - No | on-Deriv | ative | Secu | urities | Ac | quired | , Dis | sposed of | f, or Bei | neficial | ly Ow | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed O | | |) Sed Bei Ow | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 05/23/2 | | | :007 | | A | | 2,650 | A | \$38.02 | .02(1) 5, | | 5,150 | | I | Deferred Comp Acct. | | | | | |
| | | Ta | able II | | | | | | | | osed of, convertib | | | Own | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transa Code (8) | | | 6. Date I Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Numbe derivative Securities Securities Geneficia Owned Following Reported Transacti (Instr. 4) | e Or s Fo lly Di or (l) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Appreciation | \$38.02 | 05/23/2007 ⁽²⁾ | | | A | | 7,350 | | 05/23/2 | 007 | 05/23/2012 | Common Stock | 7,350 | \$(|) | 7,350 |) | D | | |

Explanation of Responses:

- 1. Stock grants deposited into the deferred compensation account are fully vested at grant.
- 2. SAR grants are 100% vested upon grant, with a term of five (5) years.

Rodney L. Waller by Power of 05/25/2007 **Attorney**

** 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.