FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | | |

0.5

hours per response:

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

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|---|-------|------|------|---|--------|--|---|---------------------------------|---|----------------|-------|----------------------|--|------------------------------|---|--|--|---|----------------------------------|--|
| 1. Name and Address of Reporting Person* VENTURA JEFFREY L | | | | | | 2. Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [RRC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O RANGE RESOURCES CORPORATION 100 THROCKMORTON, SUITE 1200 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2018 | | | | | | | | | X Officer (give title below) President and CEO | | | | | specify |
| (Street) FORT WORTH TX 76102 (City) (State) (Zip) | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | on . | | | |
| | | Tabl | eI- | Non-Deriv | ative/ | e Sec | uritie | s Ac | qui | ired, | Dis | sposed c | f, or I | Benefici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, 1 | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. | | | |
| | | | | | | | | [| Code | v | An | nount | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | | | 1) | |
| Common Stock 06/04/201 | | | 18 | | | | A | | 2 | 24,234 | Α | \$15.62 | 375,5 | 75,516 D | | | | | | |
| Common | Stock | | | | | | | | | | | | | | 3,504 | 4 | I 401(k) Plan | | | k) Plan |
| Common Stock | | | | | | | | | | | | 696,161 | | I | | Deferred Compensation Account | | | | |
| | | Та | ble | II - Derivat (e.g., p | | | | | | , | | osed of, onvertib | | | , | | | | | |
| 1. Title of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year) (Month/Day/Year) | | | | ution Date, | | Transaction of Code (Instr. Derivativ | | ative rities ired osed | Expiration e (Month/Da s | | n Dai | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | deriva Secur Benef Owner Follov Repor | ities icially d ving ted action(s) | 10. Owners Form: Direct (or Indir (I) (Inst | ership n: ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Da: | ite ercisab | ole | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

As of 6/4/2018, Jeff Ventura also holds 441,461 PSUs.

/s/ David P. Poole, attorney-infact

06/05/2018

** 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.