## Edgar Filing: CRISP CHARLES R - Form 4

CRISP CHA	RLES R										
Form 4											
May 02, 201	9										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th	is box		vva	sington,	, D.C. 20	549				January 31,	
if no long	ger STATEN	(ENT O	F CHAN	CES IN	RENEFI	CIA		JEDSHID OF	Expires: 2005		
subject to	5			GES IN BENEFICIAL OWN SECURITIES					Estimated average		
Section 1 Form 4 c				SECON					burden hou	rs per 0.5	
Form 5		suant to S	Section 1	6(a) of th	e Securit	ies F	xchange	e Act of 1934,	response	0.5	
obligatio	ns Section 17(						•	1935 or Sectior	n		
may con	linue.			vestment	•	· ·			•		
See Instr 1(b).	uction	00(11)			Compun	<i>j</i>		~			
-(-).											
(Print or Type ]	Responses)										
1 Name and A	ddress of Reporting	Person *	2.1	Newsard	. Ti -l	т 1:		5 Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person *2. IssuerCRISP CHARLES RSymbol				r Ivanie and	I TICKET OF	Tradin	Ig	5. Relationship of Reporting Person(s) to Issuer			
			-	ESOURC	FS INC	FOC	1				
-						LOC	1	(Check	c all applicable	)	
(Month/D			-				X_ Director 10% Owner Officer (give title Other (specify				
											IIII DAUI
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Year	r)			Applicable Line)			
								_X_ Form filed by O Form filed by M			
HOUSTON	, TX 77002							Person	ore than One Ke	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deer	ned	3.	4. Securit	ies Ac	auired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Execution Date, if				on(A) or Dis			Securities	Ownership	Indirect	
(Instr. 3)		any		Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct Benefic		
		(Month/I	Day/Year) (Instr. 8)					Owned	• •	Ownership	
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)	(mouter)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							\$		_		
Stock	04/30/2019			А	52.705	А	96.05	46,622.977	D		
Common Stock	04/30/2019			D <u>(1)</u>	0.917	D	\$ 96.05	46,622.06	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	Date	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative Securities		;		Secur	ities	(Instr. 5)	Bene
	Derivative		-					(Instr	. 3 and 4)		Owne
	Security			Acquired							Follo
	5	(A) or							Repo		
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3, 4, and 5)						
					., und c)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	little r	Number		
						Exercisable			of		
				Code V	(A) (D)				Shares		

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## **Reporting Owners**

Relationships

<b>Reporting Owner Name / Address</b>	Relationships								
I. S.	Director	10% Owner	Officer	Other					
CRISP CHARLES R 1111 BAGBY, SKY LOBBY 2 HOUSTON, TX 77002	Х								
Signatures									
Vicky Strom, attorney-in-fact for Crisp	R.	05/02/2019							
**Signature of Reporting Perso		Date							
Explanation of Responses:									

## Explanation of Responses:

- \* 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).
- (1) Relates to the payment of the annual administrative fee assessed to participants in the EOG Resources, Inc. 409A Deferred Compensation Plan (as amended).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.