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CHESAPEAKE ENERGY CORP Form 4 January 06, 2016					
FORM 4OMB APPROFork this box if no longer subject to Section 16. Form 4 or Form 5 obligations 					
(Print or Type Responses)					
1. Name and Address of Reporting Person <u>*</u> POSES FREDERIC M	2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE ENERGY CORP [CHK]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 6100 N. WESTERN AVE.	3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016	X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(C Filed(Month/Day/Year) Applicable Line) 2X_ Form filed by One Reporting Person OKLAHOMA CITY, OK 73118 Form filed by More than One Reporting Person					
(City) (State) (Zip)	Table I - Non-Derivative Securities Acc	uired, Disposed of, or Beneficially Owned			
(Instr. 3) any	med 3. 4. Securities Acquired on Date, if Transaction(A) or Disposed of Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) orBeneficialOwnedIndirect (I)OwnershipFollowing Transaction(s) (Instr. 3 and 4)(Instr. 4)			
Common 01/04/2016 Stock	A 12,627 A \$0	742,438 D			

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	Amou Under Secur		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	· (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
POSES FREDERIC M 6100 N. WESTERN AVE. OKLAHOMA CITY, OK 73118	Х					
Signatures						
J. David Hershberger For: FREDERIC M. POSES			01/06/2016			
<u>**</u> Signature of Reporting Person	1		Date			

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).

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.