Edgar Filing: EOG RESOURCES INC - Form 4

EOG RESOU	JRCES INC											
Form 4												
August 01, 20	016											
FORM	4										PROVAL	
	UNITED	STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no long										Expires:	January 31,	
subject to	STATE	MENT O	F CHAN		GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Iverage	
Section 16					RI	TIES				burden hours per		
Form 4 or Form 5			о 1.		1	а ···	г	1	A (C1024	response	0.5	
obligation	· ·							-	ge Act of 1934, f 1935 or Section	n		
may conti See Instru	nue.		of the In	•		•				11		
1(b).												
(Print or Type R	esponses)											
	, i i i i i i i i i i i i i i i i i i i											
Donaldson Michael P Symbol				I I I I I I I I I I I I I I I I I I I				g	5. Relationship of Reporting Person(s) to Issuer			
				ESOURCES INC [EOG]								
			ate of Earliest Transaction				•1	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of (Month/D		Ira	nsaction			Director	10%	Owner	
1111 BAGB	Y, SKY LOBB	Y 2	07/29/20	-					Officer (give	e title Oth	er (specify	
	,		• • • • • • • • • •						below) FVP Gen	below) Counsel & Co	rn Sec	
	(Streat)		4 10 4	1 / 1		0.1.1					-	
			Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(won	ui/Day/10	<i>(a</i> i <i>)</i>				_X_Form filed by C	One Reporting Pe	erson	
HOUSTON,	TX 77002								Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.					5. Amount of	6. Ownership		
Security	(Month/Day/Year	on Date, if Transaction(A) or Disposed of					d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 3)		Code(D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				5)	Owned	Ownership				
			•			•			Following	Indirect (I) (Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
					X 7		or	D.	(Instr. 3 and 4)			
Common				Code	V	Amount	(D)	Price \$				
Stock	07/29/2016			А		5.378	А	ф 81.7	75,038.637	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. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr. 3 and 4)		Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amount		
						D (or		
						Date	Expiration	Title Number		
						Exercisable	Date	of		
				Code V	(A) (D)			Shares		
_										
Repo	rtina O	wners								

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ieporting

Reporting Owner Name / Address	Relationships							
r of the second second	Director	10% Owner	Officer	Other				
Donaldson Michael P 1111 BAGBY, SKY LOBBY 2 HOUSTON, TX 77002			EVP, Gen. Counsel & Corp Sec					
Signatures								
Vicky Strom, attorney-in-fact for	Michael	P.						
Donaldson			08/01/2016					
<u>**</u> Signature of Reporting Pe	erson		Date					
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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.