CHESAPEAKE ENERGY CORP Form 4 April 03, 2003 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP [] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. 1. Name and Address of Reporting Person(s) WHITTEMORE, FREDERICK B. MORGAN STANLEY DEAN WITTER 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020 2. Issuer Name and Ticker or Trading Symbol Chesapeake Energy Corporation (CHK) 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary) 4. Statement for Month/Year 04/03 5. If Amendment, Date of Original (Month/Year) 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) [X] Director [] 10% Owner [] Officer (give title below) [] Other (specify below) Director 7. Individual or Joint/Group Filing (Check Applicable Line) [X] Form filed by One Reporting Person [] Form filed by More than One Reporting Person

 Table I
 Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

 1) Title of Security
 2) Trans 3. Trans 4. Securities Acquired (A)

 action
 action
 or Disposed of (D)

 Date
 Code
 A

 (Month/
 or

 Day/Year)
 Code V
 Amount

 Table II (PART 1) Derivative Securities Acquired, Disposed of, or Beneficially Owned (Columns 1

 1)Title of Derivative
 2)Conversion
 3)Trans 4)Trans 5)Number of Derivative

 Security
 or Exercise
 action
 action
 Securities Acquired (A)

 Price of
 Date
 Code
 or Disposed of (D)

 Derivative
 Security
 Code V A
 D

 Non-Qualified Stock Option
 \$8.0500
 04/01/03
 A
 10,000

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	Security	action Date	of Underlying Securities	Amount or Number of	of Deri- vative Security							
	-		Title	Shares								
	Non-Qualified Stock Option (right to buy)	04/01/03	Common Stock	10,000								
	SIGNATURE OF REPORTING PERSON /S/ By: Jennifer M. Grigsby For: Frederick B. Whittemore DATE 04/02/03											
t-width: 1; border-right-width: 1; border-bottom-width: 1">1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)3. Transaction Code (Instr. 8)4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)7. Nature of Indirect Beneficial Ownership (Instr. 4)CodeVAmount(A) or (D)Price												
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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	TransactiorDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)8((
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 13.12	12/07/2005		А	25,000	<u>(1)</u>	12/06/2015	Common Stock	25,000	

Reporting Owners

Reporting Owner Name / Address

Relationships

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Х

Director 10% Owner Officer Other

SATO VICKI L C/O ALNYLAM PHARMACEUTICALS, INC. 300 THIRD STREET CAMBRIDGE, MA 02142

Signatures

/s/ Patricia L. Allen, Attorney-in-Fact

**Signature of Reporting Person

12/09/2005

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).

(1) The stock option vests as to one-third of the shares on each of the first, second and third anniversaries of the date of grant.

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.