Edgar Filing: CRAIN JAMES C - Form 4

CRAIN JAM	IES C											
Form 4	_											
July 03, 2018	3											
FORM					CITA		COMMERCION		PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								ONID	3235-0287			
Check thi	is box	· ·	vasnington	, D.C. 20	549			Number:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL (NFRSHIP OF	Expires:	2005			
subject to Section 1		STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES						Estimated average				
Form 4 or		SECONTIES						burden hours per response 0.5				
Form 5	Filed pur	suant to Sectio	n 16(a) of th	e Securi	ties E	xchan	ge Act of 1934,	reepeneen				
obligation may cont	Section 1/1	a) of the Public	Utility Hole	ding Cor	npany	Act o	of 1935 or Section	n				
See Instru		30(h) of the	Investment	Compar	iy Ac	t of 19	40					
1(b).												
	`											
(Print or Type F	(esponses)											
1 Name and A	ddress of Reporting	Person [*] 2 L	suer Name and	I Tieker or	Tradit		5. Relationship o	f Reporting Per	rson(s) to			
CRAIN JAN			Haun	ig	Issuer							
	nbol proach Resources Inc [AREX]											
(Last)	(First) (I	••			L		(Chee	ck all applicabl	e)			
			. Date of Earliest Transaction Month/Day/Year)			_X_ Director 10% Owner						
			07/02/2018				Officer (give title Other (specify					
WEST FREEWAY, SUITE 800 below) below)												
			Amendment, Date Original			6. Individual or Joint/Group Filing(Check						
			led(Month/Day/Year)				Applicable Line)					
_X_Form filed by (One Reporting Person					
FORT WORTH, TX 76116 Form filed by More than One Reporting Person												
(City)	(State)	(Zip)	able I - Non-I)erivative	Secur	ities Ac	quired, Disposed o	f. or Beneficia	llv Owned			
1.Title of	2. Transaction Dat		3.				5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)					or	Securities	Form: Direct	Indirect			
(Instr. 3)		any	Code	Code Disposed of (D)			•	(D) or	Beneficial			
		(Month/Day/Y	ar) (Instr. 8)	(Instr. 3	, 4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
							Reported	(111501. 4)	(Instr. +)			
					(A) or		Transaction(s)					
			Code V	Amoun		Price	(Instr. 3 and 4)					
Common	07/02/2018		А	6,799	А	\$0	187,041	D				
Stock	0110212010		2 \$	(1)	11	ψυ	107,011	2				

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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh					
	Director	10% Owner	Officer	Other			
CRAIN JAMES C ONE RIDGMAR CENTRE 6500 WEST FREEWAY, SUITE 800 FORT WORTH, TX 76116	Х						
Signatures							
/s/ J. Curtis Henderson, attorney-in-fact	07/0	3/2018					
**Signature of Reporting Person		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) Represents shares of the issuer's common stock awarded to the reporting person for payment of director fees.

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.