CHESAPEAKE ENERGY CORP

Form 4 April 05, 2016

FORM 4

OMB APPROVAL OMB

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Number: Expires:

3235-0287 January 31,

2005

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Querrey Kimberly K. Issuer Symbol CHESAPEAKE ENERGY CORP (Check all applicable) [CHK] X_ Director (Last) (First) (Middle) 3. Date of Earliest Transaction 10% Owner Other (specify Officer (give title (Month/Day/Year) below) 6100 N. WESTERN AVE. 04/01/2016 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting OKLAHOMA CITY, OK 73118 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | ic 1 Tron Derivative Securities Acquired, Disposed of, or Beneficiary Owned | | | | | | | |
|---------------------|--------------------------------------|---|--------------------|-----------------------------|-----|--|-------------------------|------------------------|---|
| Title of | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. | 4. Securiti | | • | 5. Amount of Securities | 6. | 7. Nature of Indirect |
| ecurity nstr. 3) | (Monui/Day/Tear) | any | Transactio Code | (D) | • | | Beneficially | Ownership Form: Direct | |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5) (A) or | | Owned (D) or Following Indirect (I) Reported (Instr. 4) Transaction(s) | | (Instr. 4) | |
| | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | 1 77' 1 1 |
| ommon tock | 04/01/2016 | | A | 16,319 | A | \$0 | 157,344 | I | by Kimberly K. Querrey Living Trust |
| ommon tock | | | | | | | 342,464 | I | by Simpson Community Trust |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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 | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Titl | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|---------------------|-----------------------------------|-----------------|-------|--------------------|----------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration Date | | Amou | int of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) Derivati | | 2 | | Securi | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) (Instr. 3, 4, and 5) | | | | | | (Instr |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | | or Title Number | | | |
| | | | | | | Exercisable | | | | | |
| | | | | G 1 W | (A) (B) | | of | | | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director

Querrey Kimberly K. 6100 N. WESTERN AVE. X OKLAHOMA CITY, OK 73118

Signatures

J. David Hershberger For: KIMBERLY K. 04/05/2016 **QUERREY**

> **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).

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.

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