FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or S | Section | on 30(h) | of the I | nvestme | ent Co | mpany Act | of 194 | 10 | | | | | | | |
|--|---|--|---|---------|---|--|---|----------|-------------------------------------|----------------------------|--|---|-----------------|---|---|----------------------|---|--|---|--|
| 1. Name and Address of Reporting Person* SCOGGINS MYLES W | | | | | | 2. Issuer Name and Ticker or Trading Symbol Laredo Petroleum, Inc. [LPI] | | | | | | | | | Check | all app | p of Reportin olicable) | g Person | . , | |
| SCOGGINS WITELS W | | | | | | | | | | | | | | X | Direc | ctor | | 10% C | wner | |
| (Last) (First) (Middle) 15 W. SIXTH STREET, SUITE 900 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2019 | | | | | | | | | | Offic belov | er (give title w) | | Other below) | (specify | |
| 15 44. 51. | AIII JIKE | E1, 3011E 300 | | | — | | | _ | | | | | | - | | | | | | |
| Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| TULSA | OI | ζ 7 | 74119 | | | | | | | | | | | | Λ | | n filed by Mor | - | - | |
| | | | | | | | | | | | | | | | | Pers | | e man o | іс іхер | orting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired | , Dis | posed o | f, or | Bene | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exec ay/Year) if any | | a. Deemed secution Date, any lonth/Day/Year) | | Transaction Disp Code (Instr. 5) | | urities Acquired (A sed Of (D) (Instr. 3, | | | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | ommon Stock 11/14 | | | 11/14 | 2019 | | A | | 28,679 | (1) | A | \$2.31 | | 217,624 | | D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | | Transaction Code (Instr. | | | | Exerci on Dai Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | : ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nun of | ount nber ires | | | | | | |

Explanation of Responses:

1. These shares are granted under the Issuer's Omnibus Equity Incentive Plan in lieu of cash payments for director fees at the election of the director.

Remarks:

/s/ Mark Denny, as attorney-in-11/18/2019 fact for Myles W. Scoggins

** Signature of Reporting Person

Date

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

- * 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.

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 Number.