| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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|---|--------------------------|-----|
| | hours per response: | 0.5 |
| l | Estimated average burden | |

| 1. Name and Address of Reporting Person [*] <u>Pierce Pamela S</u> | | | | uer Name and Ticke edo Petroleum | | | | ationship of Reporting Person(s) to Issuer < all applicable) Director 10% Owner | | |
|--|--------------------------|--------------------|-----------|--|-----------------|---------------------------|------------------------|---|------------------|---------------|
| (Last) 15 W. SIXTH | (First) H STREET, SUI | (Middle) FE 900 | | te of Earliest Transa 5/2017 | action (Month/I | Day/Year) | | Officer (give title below) | Other below | (specify) |
| (Street) TULSA (City) | OK (State) | 74119 (Zip) | _ 4. If A | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Group Form filed by One Form filed by Mo Person | e Reporting Pers | son |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1 Title of Coou | with (Income 2) | 2 Trans | action | 2A Deemed | 2 | 4 Securities Acquired (A) | lor l | 5 Amount of | 6 Ownership | 7 Naturo |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------|---|---|---------------|---------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 11/15/2017 | | A | | 2,747 ⁽¹⁾ | A | \$10.01 | 160,899 | D | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

 3. Transaction
 3A. Deemed
 4.

 Transaction
 5. Number of Of Lexecution Date
 5. Number of Of Lexecution Date

 0
 11. Nature of Indirect

 0
 11. Nature of Indirect

| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | Transa Code (8) | | | | Expiration Da (Month/Day/Y | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) | al | |
|--------------------------------------|---|--------------------------|------------------------|---|-----|-----|-------------------------------|---|-------|--|--|---|--|----|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

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:

1. Title of 2.

<u>/s/ Kenneth E. Dornblaser, as</u> <u>attorney-in-fact for Pamela S.</u> <u>11/17/2017</u> <u>Pierce</u>

** Signature of Reporting Person Date

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

 \ast 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.