Edgar Filing: SHEAR NEAL A - Form 4

CLIEAD NEAL A

| Form 4 | | | | | | | | | | | | |
|--|---|--|---|--|------------------------|----------------|--|--|--|---|--|--|
| Check this boxWif no longerSTATEMENT OF CHAsubject toSection 16.Form 4 orFiled pursuant to Section | | | | URITIES AND EXCHANGE COMMISSION Vashington, D.C. 20549 ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES n 16(a) of the Securities Exchange Act of 1934, | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| obligations may continue. See Instruction 1(b). | | | | | | | | | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| SHEAR NEAL A Symbol | | | Name and Ticker or Trading ERE ENERGY INC [LNG] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last)(First)(Middle)3. Date of (Month/D700 MILAM STREET, SUITE 190005/17/20 | | | - | | | | X_Director10% Owner Officer (give titleOther (specify below)below) | | | | | |
| | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| HOUSTON, | TX 77002 | | | | | | | Person | More than One Ro | eporting | | |
| (City) | (State) (| Zip) | Table | I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | n Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | (A) o of (D |) | 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) | | |
| Common Stock | 05/17/2018 | | | A | 3,705 | A | \$ 0 (1) | 16,714 | D | | | |

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 | 2. Conversion | 3. Transaction Date | | 4. Transcor | 5. | han | 6. Date Exerc | | 7. Titl | | 8. Price of | 9. Nu Darii |
|--------------------------------------|---|---------------------|---|-------------------------------|---|--|---------------------|--------------------|-----------------------------------|--|--------------------------------------|--|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transac Code (Instr. 8) | of Deri Secu Acqu (A) o Disp of (I (Inst | onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Under Secur (Instr. | rlying | Derivative Security (Instr. 5) | Deriv Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | ŕ | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| SHEAR NEAL A 700 MILAM STREET SUITE 1900 HOUSTON, TX 77002 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Sean N. Markowitz under P Shear | eal | 05/21/2018 | | | | | | |
| <u>**</u> Signature of Reporting Per | | 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 shares were issued as a restricted stock grant and therefore no consideration was given by the Reporting Person.

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.