## Edgar Filing: WINKLER JOSEPH C - Form 4

WINKLER J Form 4 June 05, 2018												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
	UNITE	D STATE		ITIES A hington,			IGE (	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer STATENTENT OF CHANG				GES IN BENEFICIAL OW					Expires:	January 31,		
subject to	NERSHIP OF	Estimated a	2005 average									
Section 16.				SECUR	ITIES				burden hou	rs per		
Form 4 or Form 5		nursuant to	Section 1	5(a) of the	Socuriti	oc Ev	chana	e Act of 1934,	response	0.5		
obligation	<sup>18</sup> Section 1	•					•	f 1935 or Sectio	n			
may conti See Instru	nue.		) of the In	•	<b>.</b>							
1(b).												
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person _       2. Issuer Na         WINKLER JOSEPH C       Symbol         Eclipse Res				Name and	Ticker or T	Frading	ţ	5. Relationship of Reporting Person(s) to Issuer				
				Resources Corp [ECR]				(Check all applicable)				
(Last) (First) (Middle) 3. Date of East				Earliest Tra	ansaction			(Check an applicable)				
(Month/Da				ay/Year)				XDirector10% Owner Officer (give titleOther (specify below) below)				
2121 OLD GATESBURG 05/16/20				)18								
ROAD, SUI	TE 110											
				ndment, Date Original				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
				th/Day/Year)								
STATE COI	LLEGE, PA 1	6803							Iore than One Re			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I		1				5. Amount of	6. Ownership				
Security	(Month/Day/Ye		ion Date, if	Transaction(A) or Disposed of				Beneficially	Form: Direct	Indirect Beneficial Ownership		
(Instr. 3)		any (Month	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			(D) or Indirect (I)					
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	05/16/2018			$A^{(1)}$	77,381 (2)	(D) A	\$ 0	209,134	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 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)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
WINKLER JOSEPH C 2121 OLD GATESBURG ROAD SUITE 110 STATE COLLEGE, PA 16803	Х						
Signatures							
/s/ Christopher K. Hulburt, as Attorney-in-Fact		06/05/2018					
**Signature of Reporting Person		I	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 granted pursuant to the Eclipse Resources Corporation's 2014 Long-Term Incentive Plan, as amended by the First Amendment.
- (2) Shares scheduled to vest in full on May 16, 2019, which is the first anniversary of the grant date.

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.