FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden 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).

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

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

| (Print or Typ | pe Respons | ses) | | | | | | | | | | | | | | | | |
|---|------------|---|--|--|-----------|------------------|--|--|--|---|--|-----------------------|---|---------------------------------|---|---|--|---|
| 1. Name and Address of Reporting Person * Moore Michael G | | | | 2. Issuer Name and Ticker or Trading Symbol GULFPORT ENERGY CORP [GPOR] | | | | | - - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% OwnerX Officer (give title Other (specify below) | | | | | low) | | | |
| (Last) (First) (Middle) 14313 NORTH MAY AVENUE, SUITE 100 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2011 | | | | | | VP, CFO & Secretary | | | | | | | | |
| (Street) OKLAHOMA CITY, OK 73134 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | A | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1.Title of Se (Instr. 3) | I | 2. Transaction Date Month/Day/Year) | Execu any | Deemed ation Date, if th/Day/Year) | Code | | 4. Secu Acquir Dispos (Instr. : | ed (A) ed of 3, 4 an (A) or | (D) nd 5) | Sec Ber Fol Tra | Amount of curities neficially O lowing Rep nsaction(s) str. 3 and 4 | ported | 6. Owner Form: Direct or Indi (I) (Instr. | ship o B (D) C rect (I | enefici wners | ect ial ship | | |
| Common | Stock (| 03/14/2011 | | | S | | 550 (1 | | \$ 27.78 | 43, | 650 | | D | | | | | |
| directly or in | | separate line for e Table II - 1 | | ative Securitie | | Pe inf re- | ersons format quired errently | who ion c to re / vali | ontaine spond (d OMB | d in unle con | the colle this form ess the fo trol numb | are rm di er. | not | | SEC 1- (9- | 474 -02) | | |
| | | (| e.g., p | uts, calls, wa | rrants, o | ptio | ns, con | vertil | le secur | ities |) | | | | | | | |
| (Instr. 3) | | (Month/Day/Yea | Exe ar) any | Deemed ecution Date, y onth/Day/Yea | Code | | 5. Num of Deriv Secu Acqu (A) c Disp of (E (Inst 4, an | vative rities nired or osed 0) r. 3, | 6. Date and Exp | oirati | on Date | Amor Unde Secur | le and unt of rlying rities . 3 and | | ative I ity S . 5) E G F F | O. Number of Derivative Securities Beneficially Owned Following Reported Fransaction(s) Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Natur of Indirec Beneficia Ownersh (Instr. 4) |
| | | | | | Code | . \ | / (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | |

Code V (A) (D)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|--------------------|--|---------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | | |
| Moore Michael G 14313 NORTH MAY AVENUE SUITE 100 OKLAHOMA CITY, OK 73134 | | | VP, CFO & Secretary | | | | | |

Signatures

| /s/ MICHAEL G. MOORE | 03/17/2011 |
|-------------------------------|------------|
| 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).
- $\textbf{(1)} \ The \ sale \ reported \ in \ this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ on \ December \ 20, \ 2010.$

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.