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

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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 Ty | pe Response | s) | | | | | | | | | | | | | |
|---|--|--------------------------------------|--|--|--------------------------------|---|--------------------|--|--------------------|---|---|--|---|---|---------------------------------|
| 1. Name and Address of Reporting Person * Craine Patrick K. | | | | 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% Owner | | | | |
| (Last) (First) (Middle) 3001 QUAIL SPRINGS PARKWAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2020 | | | | | | | X Officer (give title below) Other (specify below) General Counsel and Corp. Sec. | | | | |
| OKLAHOMA CITY, OK 73134 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | |
| (City) | | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own | | | | | | | Owned | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | 4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5) | | f Beneficia | | nt of Securities ally Owned Following Transaction(s) and 4) | | ` / | Beneficial Ownership |
| | | | | | | Code | V A | moun | (A) or (D) I | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | | | 06/06/2020 | | | F | 8. (1 | ,956) | D 5 | S 1.69 | 414,254 | | | D | |
| | | | | Derivative Secur | | Acquire | d, Dispo | osed o | of, or Bene | eficial | | | trol numbe | r. | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transactio Date (Month/Day/ | n 3A. Deemed Execution Date any | e.g., puts, calls, v 4. Transaction Code (Instr. 8) | 5. Nu of De Sec (A) Dis of (In | mber rivative curities quired or sposed | 6. Date and Exp | Exercisable spiration Date h/Day/Year) Expiration Date h/Day/Year) | | 7. Tir Amo Unde Secu (Instr 4) | Amount or | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Beneficial Ownership (Instr. 4) |
| | | | | Code V | (A | | Exercisa | | Date | Title | of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |

| | Relationships | | | | | | | |
|--|---------------|--------------|--------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Craine Patrick K. 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 | | | General Counsel and Corp. Sec. | | | | | |

Signatures

| /s/ Patrick K. Craine, Attorney-in-Fact | 06/09/2020 |
|---|------------|
| **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).
- (1) These shares represent vested restricted stock units previously granted to the reporting person under the Issuer's equity incentive plan and were withheld by Gulfport Energy Corporation to satisfy tax withholding obligations due upon settlement of such restricted stock units.

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.