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

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

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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per 0.5 response...

(9-02)

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 of Type Responses)											
1. Name and Address 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% Owner X_ Officer (give title Other (specify below)			
(Last) (F 14313 NORTH M AVENUE, SUITE		3. Date of Earliest Transaction (Month/Day/Year) 02/24/2014						below) President, CFO & Secretary			
(S OKLAHOMA CIT		4. If Amendment, Date Original Filed(Month/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 Person			
(City) (S	State) (Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								Owned
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Exect any	Deemed ation Date, if th/Day/Year)	Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed of (E (Instr. 3, 4 and (A) or Amount (D)		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)	Beneficial Ownership
Common Stock	02/24/2014			А		24,868	A	\$ 0 (1)	89,868	D	

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

Persons who respond to the collection of SEC 1474 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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	4	5.		6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on l	Numb	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	I	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				5	Secur	ities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				1	Acqui	ired			4)			Following	Direct (D)	
					(	(A) o	r						Reported	or Indirect	
					I	Dispo	osed						Transaction(s)	(I)	
						of (D)	·						(Instr. 4)	(Instr. 4)	
						(Instr									
					4	4, and	15)								
											Amount				
								Data	Frainstian		or				
								Date Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

Departing 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			President, CFO & Secretary					

# Signatures

/s/ MICHAEL G. MOORE	02/26/2014
-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).
- Amount represents the number of shares of restricted stock granted under the 2013 Restated Stock Incentive Plan as a retention award. The
   (1) shares will vest in two equal annual installments, beginning on February 24, 2015, subject to the reporting person's continuous service with the issuer unless earlier vesting occurs upon his involuntary termination without cause, termination for good reason, death, disability or termination for any reason except cause or voluntary termination without good reason within 24 months after a change in control.

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.