FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* Spiller Reginal | | | | | 2. Issuer Name and Ticker or Trading Symbol RANGE RESOURCES CORP [RRC] | | | | | | | | | (Ch | eck all ap X Dire | ationship of Reporting k all applicable) Director | | 10% Ov | ner | |
|--|--|-------|--------|---|--|---|--|-----------------------------------|---------------------|-----|--|----------------------|-----------------|--|--|--|---|---|---------|--|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023 | | | | | | | | | | Offic belo | er (give title w) | | Other (s | specify | |
| 100 THROCKMORTON STREET SUITE 1200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | (Street) FORT WORTH TX 76102 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | l - No | n-Deriva | tive S | ecui | rities | Aco | juired, | Dis | posed of | , or | Ben | eficia | lly Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | /Year) | Execu if any | Deemed ution Date, / th/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | | Secur Benef Owne Follow | icially d ving | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) |) or)) | Price | | rted action(s) 3 and 4) | | | | |
| Common Stock 05/10/20 | | | | | | :023 | | | A | | 7,978(1) | 978 ⁽¹⁾ A | | \$25.0 | 7 1 | 18,663 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date urity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative irities uired or osed) r. 3, 4 | 6. Date I Expirati (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | f [5] | s. Price of Derivative Security Instr. 5) | | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | wnership orm: irect (D) r Indirect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Nui of | mber ares | | | | | | |

Explanation of Responses:

1. Shares awarded to the Board of Directors are vested 100% on the 1 year anniversary of the grant.

/s/ Erin W. McDowell, attorney-in-fact

05/12/2023

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.