## Edgar Filing: EOG RESOURCES INC - Form 4

EOG RESO	URCES INC												
Form 4													
January 03,	2014												
FORM	Λ4		~~~~		.~ .		~~~			OMB AF	PROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287				
Check th if no lon										Expires:	January 31,		
subject t		AENT OI	F CHAN	NGES IN BENEFICIAL OWNERSHIP (						Estimated a	2005 verage		
Section 16.				SECURITIES						burden hours per			
Form 4 o Form 5						~ .				response	0.5		
obligatio	<b>n</b> a <b>*</b>							•	e Act of 1934,				
may con				•		•	-	•	1935 or Section	l			
See Inst	ruction	30(n)	of the fi	ivestii	ient	Compa	ny Ao	ct of 194	0				
1(b).													
(Print or Type	Responses)												
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name <b>an</b>					and	I Ticker of	Tradi	ing	-	f Reporting Person(s) to			
Thomas William R. Symbol				RESOURCES INC [EOG]					Issuer				
									(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date c	of Earlie	st T	ransaction			(Cheek	un applicable	)		
			(Month/I	onth/Day/Year)					_X_ Director	10% Owner			
11111 BAGBY, SKY LOBBY 2 12/31/2				$(,)   (\Delta V   .)$					XOfficer (give below)				
									· · · · · · · · · · · · · · · · · · ·	rman & CEO			
(Street) 4. If Am			4. If Am	f Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
				-					Applicable Line)				
									_X_ Form filed by O				
HOUSTON	I, TX 77002								Form filed by Me Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - N	on-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.		4. Securi	ties A	cquired (A	) 5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution	Transactionor Disposed of (D)					Securities	Ownership	Indirect			
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				5)	Beneficially Owned	Form: Direct (D)	Beneficial Ownership		
				(1150. 0)				Following	or Indirect	(Instr. 4)			
							(A)		Reported	(I)			
							or		Transaction(s)	(Instr. 4)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	12/31/2013			А	V	92	А	\$ 115.014	219,985	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)

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. Transacti 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)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Thomas William R. 1111 BAGBY, SKY LOBBY 2 HOUSTON, TX 77002	Х		Chairman & CEO					
Signatures								
Vicky Strom, Attorney-in-fact for Thomas		01/03/2014						
<u>**</u> Signature of Reporting Pers		Date						
Explanation of Page	noncod	<b>.</b> .						

## **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).

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.