Edgar Filing: CABOT OIL & GAS CORP - Form 4

CABOT OIL Form 4 October 17, 2	& GAS CORP 014										
FORM	Δ									PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF (F CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF	Expires:	January 31, 2005	
-	Section 16. SECURITIES						Estimated average burden hours per response 0.5				
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17((a) of the l		ility Hold	ling Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40		0.0	
(Print or Type R	esponses)										
			Symbol	5				5. Relationship of Reporting Person(s) to Issuer			
CA				OIL & C	GAS COF	RP [C	COG]	(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 10/15/2014					X_ Director 10% Owner Officer (give title Other (specify			
			10,10,20					below)	below)		
				f Amendment, Date Original ed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
HOUSTON,	TX 77040							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (D) (Instr. 3,	spose	d of	Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	10/15/2014			Code V $A(1)$	Amount 702	(D) A	Price \$ 30.3	(Instr. 3 and 4) 56,812	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)

					_	(D D					
	2.	3. Transaction Date		4.	5.	6. Date Exer			le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio		Expiration Date		Amount of		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities	8		(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				<u> </u>		-					
				Code V	(A) (D)		Expiration	Title	Amount		
						Exercisable	Date		or		
									Number		
									of		
									Shares		
_											
LANAI	rtina A	MOARO									

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Reporting Owners

Reporting Owner Name / Address		Relationsh					
	Director	10% Owner	Officer	Other			
GIBBS JAMES R 840 GESSNER ROAD, SUITE 1400 HOUSTON, TX 77040	Х						
Signatures							
Deidre L. Shearer, Attorney-in-Fact fo Gibbs	ξ .	10/17/2014					
<u>**</u> Signature of Reporting Person		Date					
Explanation of Responses:							

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).

Restricted stock units issued pursuant to the Company's Non-Employee Director Deferred Compensation Plan in lieu of quarterly cash
(1) retainer and leadership fees payable on October 15, 2014, in the amount of \$21,250. The units are issued pursuant to the Company's 2014 Incentive Plan and are paid in shares of Common Stock upon the date the non-employee director ceases to be a director of the Company.

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.