## Edgar Filing: Memorial Resource Development Corp. - Form 4/A

Memorial Resource Development Corp. Form 4/A September 18, 2015

<b>FORN</b> Check th if no long subject to Section 1 Form 4 o Form 5	Was F CHAN	shington, GES IN SECUR	, D.C. 20 BENEF RITIES	9549 ICIA	AL OWN	OMMISSION NERSHIP OF	OMB AP OMB Number: Expires: Estimated a burden hour response	-				
obligatio may cont <i>See</i> Instru 1(b).	tinue. Section 17			tility Holo vestment	•	· ·	•	1935 or Section	l			
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Fenley Tyler Joseph			2. Issuer Name <b>and</b> Ticker or Trading Symbol Memorial Resource Development Corp. [MRD]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 9805 KATY 400	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2015					Director       10% Owner         Officer (give title      X Other (specify below)         below)       below)         Member 13(d) group owning >10%						
Filed(1				Amendment, Date Original Month/Day/Year) 9/2015				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>				
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		ned 1 Date, if	3. Transactic Code (Instr. 8) Code V	4. Securi	ties Ao spose	cquired d of (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)	7. Nature of Indirect		
Common Stock	06/08/2015			S	7,475	D	\$ 19.934 (1) (2)	180,661	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

F 9 F

S

/ F

Reporting Person

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Fenley Tyler Joseph 9805 KATY FREEWAY, SUITE 400 HOUSTON, TX 77024					Member 13(d) group owning >10			
Signatures								
/s/ Tyler Joseph Fenley	09/17/201	5						
**Signature of	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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$19.90 to \$19.995, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the

- (1) Securities and Exchange Commission upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- This form is being amended to correct a computational error of 4 shares in the amount of securities sold and in the amount of securities (2)beneficially owned following the transactions originally reported on 06/09/2015.

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.

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti

0%