

NATIONAL FUEL GAS CO

Form 3

June 29, 2016

**FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB  
Number: 3235-0104Expires: January 31,  
2005Estimated average  
burden hours per  
response... 0.5**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF  
SECURITIES**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

|                                         |         |          |                                                             |                                                                                 |                                                                           |
|-----------------------------------------|---------|----------|-------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person |         |          | 2. Date of Event<br>Requiring Statement<br>(Month/Day/Year) | 3. Issuer Name <b>and</b> Ticker or Trading Symbol                              |                                                                           |
| *<br>^ Ranich Rebecca                   |         |          | 06/24/2016                                                  | NATIONAL FUEL GAS CO [NFG]                                                      |                                                                           |
| (Last)                                  | (First) | (Middle) |                                                             | 4. Relationship of Reporting<br>Person(s) to Issuer                             | 5. If Amendment, Date Original<br>Filed(Month/Day/Year)                   |
| 6363 MAIN STREET                        |         |          |                                                             |                                                                                 |                                                                           |
| (Street)                                |         |          |                                                             | (Check all applicable)                                                          |                                                                           |
|                                         |         |          |                                                             | <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)             |
|                                         |         |          |                                                             | <input type="checkbox"/> Officer <input type="checkbox"/> Other                 | <input checked="" type="checkbox"/> Form filed by One Reporting<br>Person |
| WILLIAMSVILLE, NY 14221                 |         |          |                                                             | (give title below) (specify below)                                              | <input type="checkbox"/> Form filed by More than One<br>Reporting Person  |
| (City)                                  | (State) | (Zip)    |                                                             |                                                                                 |                                                                           |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3. Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5) |
|------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Common Stock                       | 100                                                         | D                                                                       | ^                                                           |

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) | 4. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 5. Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|-----------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------|
|                                               | Date<br>Exercisable                                            | Expiration<br>Date                                                                   | Title                                                              | Amount or<br>Number of                                                          |                                                             |

Shares

(I)  
(Instr. 5)

## Reporting Owners

| Reporting Owner Name / Address                                | Relationships |           |         |       |
|---------------------------------------------------------------|---------------|-----------|---------|-------|
|                                                               | Director      | 10% Owner | Officer | Other |
| Ranich Rebecca<br>6363 MAIN STREET<br>WILLIAMSVILLE, NY 14221 | X             |           |         |       |

## Signatures

|                                         |            |
|-----------------------------------------|------------|
| James P. Baetzhold, Attorney<br>in Fact | 06/29/2016 |
|-----------------------------------------|------------|

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

^

### Remarks:

Exhibit List - Exhibit 24 - Power of Attorney

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.