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CHESAPEAKE ENERGY CORP

Form 4

January 13, 2015

FORM 4

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

SECURITIES

OMB 3235-0287

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Number: January 31, Expires: 2005

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

Common

Common

Stock

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

01/10/2015

01/10/2015

JOHNSON MICHAEL A				Symbol CHESAPEAKE ENERGY CORP [CHK]					Issuer (Check all applicable)			
(Last) (First) (Middle) 6100 N. WESTERN AVE.			Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/10/2015					Director 10% OwnerX Officer (give title Other (specify below) SVP-Accounting Controller			
				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
	CAHON (City)	MA CITY, OK 73 (State)	118 (Zip)	Tabl	a I. Non F	Aonivativa (Soou ni t	ios A agr	Form filed by M Person uired, Disposed of		-	
	. •			Tabi	e 1 - Noll-L	erryauve s	securit	ies Acq	un eu, Disposeu oi	, or beneficial	ly Owned	
1.Titl	e of	2. Transaction Date	2A. Deem	ned	3.	4. Securiti	ies Acq	quired	5. Amount of	6.	7. Nature of	
Secui	rity	(Month/Day/Year)	Execution	Date, if	Transactio	on(A) or Dis	posed	of (D)	Securities	Ownership	Indirect	
(Instr	. 3)		any		Code	(Instr. 3, 4	and 5))	Beneficially	Form: Direct	Beneficial	
			(Month/D	ay/Year)	(Instr. 8)				Owned	(D) or	Ownership	
									Following	Indirect (I)	(Instr. 4)	
							(A)		Reported Transaction(s)	(Instr. 4)		
							or		(Instr. 3 and 4)			
					Code V	Amount	(D)	Price	(Instr. 5 and T)			

1,682

13,610 A

D

18.37

\$0

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

F

A

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

461,713

475,323

D

D

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 18.37	01/10/2015		A	46,469	<u>(1)</u>	01/10/2022	Common Stock	46,4

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

JOHNSON MICHAEL A 6100 N. WESTERN AVE. OKLAHOMA CITY, OK 73118

SVP-Accounting

Controller

Signatures

J. David Hershberger For: MICHAEL A. JOHNSON

01/13/2015

**Signature of Reporting Person

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).
- (1) The option vests in three equal annual installments beginning on the first anniversary of the date of grant, January 10, 2016.

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.

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