FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGE | S IN BENEFI | CIAL OWN | ERSHIP |
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| OMB APPRO | DVAL |
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| hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>SELF SHANNON T</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE ENERGY CORP [CHK] | | | | | | | | Relationship neck all appli X Directo | , | | . , | Owner |
|----------------------------------------------------------------|------------------------------------------------------------------------|------------|----------|---------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|------------------------------|---------|--------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| (Last) (First) (Middle) POST OFFICE BOX 61091 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2004 | | | | | | | | Officer below) | give titl | e | Othe belo | r (specify v) | |
| (Street) OKLAH CITY | OMA O | K | 73146 | | 4. 11 | f Amer | ıdmer | nt, Date | of Origir | nal Fil | ed (Month/D | ay/Year) | 6. l Lin | X Form | filed by C | one Rep | g (Check orting Pe | rson |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | |
| 1. Title of \$ | Security (Ins | | le I - N | 2. Transac Date (Month/Da | tion | 2A. I Exec if an | Deemo | | 3. Transa Code (8) | ction | 4. Securitie Disposed O | s Acquired | (A) or | 5. Amount Securities Beneficial Owned Fo | of ly | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transactio (Instr. 3 ar | | | | (Instr. 4) |
| Common | Stock | | | 08/03/2 | 2004 | | | | G | | 1,500 | D | \$0 | 45,00 | 00(1) | I |) | |
| Common | Stock | | | 09/21/2 | 2004 | | | | X | | 2,500 | A | \$6.4734 46,000 | | | I |) | |
| Common Stock | | | | | | | | | | | | 154,7 | 1,742 | | by Partnership | | | |
| | | Т | able II | | | | | | | | posed of converti | | | / Owned | | , | , | |
| 1. Title of Derivative Security (Instr. 3) | Title of 2. 3. Transaction Date Execution Date (Month/Day/Year) if any | | on Date, | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Owners Form: Direct (I or Indire (I) (Instr | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to | \$6.4734 | 09/21/2004 | | | X | | | 2,500 | 10/10/1 | 1995 | 10/10/2005 | Common Stock | 2,500 | \$0 | 39, | 500 | D | |

Explanation of Responses:

1. Since the reporting person's last report, 1,500 shares previously owned directly have been transferred to the reporting person's partnership account and are now owned indirectly.

By: Jennifer M. Grigsby For: 09/23/2004 Shannon T. Self

** Signature of Reporting Person Date

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

- * 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.

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 Number.