FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | DVAL      |  |  |  |  |
|------------------------|-----------|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |
| Estimated average burd | en        |  |  |  |  |
| 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* $ \underline{MARTIN~R~BRAD} $           |  |  |   |                        |      |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol CHESAPEAKE ENERGY CORP [ CHK ] |        |                                      |                           |                    |   |         |                     |   | ip of Reportir<br>plicable)<br>ctor   | ng Pers               | son(s) to Is  |  |  |
|--|--|--|---|------------------------|------|---|---|--------|--------------------------------------|---------------------------|--------------------|---|---------|---------------------|---|---|-----------------------|---|--|--|
| (Last) (First) (Middle) 6100 N. WESTERN AVE.                                     |  |  |   |                        |      | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2018 |   |        |                                      |                           |                    |   |         |                     | Offi<br>beld  | cer (give title<br>w)   | Other (spec<br>below) |   |  |  |
| (Street) OKLAHOMA CITY OK 73118  (City) (State) (Zip)                            |  |  |   |                        |      | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |        |                                      |                           |                    |   |         |                     | G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |                       |   |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |   |                        |      |   |   |        |                                      |                           |                    |   |         |                     |   |   |                       |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                    |  |  |   |                        |      | Execution Date  |   |        | Transaction Disposed Code (Instr. 5) |                           |                    | ities Acquired (A)<br>d Of (D) (Instr. 3, 4   |         |                     | nd Secu<br>Bene   | ficially<br>d Following   | Form<br>(D) o         | vnership<br>i: Direct<br>r Indirect<br>istr. 4)                     | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |  |  |   |                        |      |   |   | Code   | v                                    | Amount                    |                    | A) or<br>D)   | Pric    | Trans               | Transaction(s)<br>(Instr. 3 and 4)  |   |                       | (1130.4)  |  |  |
| Common   | Stock  | 8/2018                                     | 2018  |                        |      | A   |   | 130,54 | 12                                   | A                         | \$                 | 0 6   | 677,900 |                     | D   |   |                       |   |  |  |
| Common Stock   |  |  |   |                        |      |   |   |        |                                      |                           |                    |   |         |                     |   | 15,000  |                       | I   | by Trust   |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |                        |      |   |   |        |                                      |                           |                    |   |         |                     |   |   |                       |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution E<br>if any<br>(Month/Day | Date, Transa<br>Code ( |      |   | of Deri<br>Sec<br>Acq<br>(A) of<br>Disp<br>of (I                                  | of     |                                      | Exerci<br>on Da<br>Day/Yo |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |         | str. 3              | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | / D                   | 0.<br>Dwnership<br>orm:<br>Direct (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |  |   |                        | Code | v   | (A)   | (D)    | Date<br>Exercis                      | able                      | Expiration<br>Date | Title   | or      | ount<br>nber<br>res |   |   |                       |   |  |  |

**Explanation of Responses:** 

Remarks:

<u>J. David Hershberger For: R. BRAD MARTIN</u>

05/22/2018

\*\* 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.