| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| - | - | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| to Section 16 | ox if no longer subject Form 4 or Form 5 lay continue. <i>See</i> b). | _ | ENT OF CHANGES IN BENEFICIAL OWN Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940 | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
|--|--|-----------------------|---|--|--|--|--|--|
| 1. Name and Ad <u>Wilson Ma</u> | dress of Reporting urk Eliot | I Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>COMSTOCK RESOURCES INC</u> [CRK] | (Check all applicat Director X Officer (g | 10% Owner ive title Other (specify | | | |
| (Last) 5300 TOWN SUITE 500 | (First) & COUNTRY | (Middle) BLVD. | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2020 | below) | below) Financial Reporting | | | |
| (Street) FRISCO (City) | TX (State) | 75034 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X Form filed | nt/Group Filing (Check Applicable d by One Reporting Person d by More than One Reporting | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|---|---------------|--------|------------------------------------|-----------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 03/20/2020 | | D ⁽¹⁾ | | 21,779 | D | \$0.00 | 0.00 | D | |

| | | | | | _ | | | | | | | | | | |
|--|---|--|---|------------------------------|------------------------|-----|--|---------------------|---|-------|---|--|--|--|--|
| 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. Transa Code (8) | 5. Number action of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Forfeiture of restricted stock grant.

Remarks:

/s/ Roland Burns, Attorney-in-Fact for Wilson, Mark E.

03/23/2020

** 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.