FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ashington,	D.C.	20549		

	OMB APPROVAL
- 1	

OMB Number: 3235-0287 Estimated average burden 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 7										
Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol  COMSTOCK RESOURCES INC [ CRK ]							5. (C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Gillette D Dale			1										Direc	tor		10% C	wner				
					-	O Date of Facility of Transporting (Marsh (Day (Mars)						$\dashv$			Officer (give title pelow)		Other (specify below)				
(Last)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year)									,	VP of Land and General C		l Cour	ical		
5300 TOWN AND COUNTRY BLVD.			01/	01/01/2016									v r of Land and General Couliser								
SUITE 5	00																				
JUILJ	00				/ If	4. If Amondment, Date of Original Filed (Month/Dev/Moss)								6	6. Individual or Joint/Group Filing (Check Applicable						
-					-   4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street)															,	Form	filed by One	e Renortir	na Pers	on	
FRISCO	ΤΣ	ζ 7	75034-												21		,	•	Ü		
					-											Perso	i filed by Moi	re than O	пе кер	orting	
(City)	(6+	ate) (	Zip)																		
(City)	(50	aie) (	<u>- μ</u>																		
		Tabl	e I - Nor	n-Deriv	ative/	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally O	wne	ed .				
1. Title of S	Security (Inst	r. 3)		2. Trans	action				3.								6. Owner		7. Nature		
				Date (Month/			Executio if any	ecution Date,		Transaction Disposed Code (Instr. 5)		d Of (D	) (Instr.	3, 4 aı	and Securi Benefi				orm: Direct D) or Indirect	of Indirect Beneficial	
(wontum						Month/Day/Year)							0	Owned Following (I)			I) (Instr. 4)	Ownership			
							T	1.	1	(A) or Dries		1.7	Reported Transaction(s)				(Instr. 4)				
							Code	l۷	Amount		D) Price		(Instr. 3 and 4)								
Common Stock 01/01/				1/2016				F		4,404	4 D \$1		\$1.	87 113,985		3,985	<b>D</b> (1	1)			
				<u> </u>						<u> </u>											
		Та									sed of, onvertib				y Ow	ned					
	1				,		<del>-</del>					Т									
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme Execution		4.	4. Transaction				<ol><li>Date Exercisable an Expiration Date</li></ol>		7. Title and Amount of Securities			8. Price of Derivative Security		9. Number of derivative		10. Ownership Form:	11. Nature of Indirect	
Security	or Exercise	(Month/Day/Year)	if any	Date,	Code (Inst				(Month/D					Securities				Beneficial			
(Instr. 3)	Price of		(Month/Day/\			,		Securities		` , ,			erlying vative		(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership	
Derivative Security							Acquired (A) or						vauve ırity (In:	str. 3	.		Following		uirect istr. 4)	(Instr. 4)	
						Disposed				and 4)							Reported	ď   `´`			
						of (D) (Instr. 3, 4 and 5)											Transaction (Instr. 4)	(s)			
															(						
													Amou		1						
													or								
									Date		Expiration		Nun	nber							
			Code	v	(A)	(D)	Exercisa		Date	Title		res									

## **Explanation of Responses:**

1. Restricted Stock Grant

/s/ Roland O. Burns, attorneyin-fact for Mr. Gillette

01/04/2016

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.