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 b | ourden | | | | | | | | |

0.5

hours per response:

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

| Name and Address of Reporting Person* Gillette D Dale | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMSTOCK RESOURCES INC [CRK] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner | | | | | |
|---|---|--|--|------------|--------------------------------|---|--|------------------------------|---|--------|----------------------|---|------------------------|-------|--|---|---|---|-----------------------|---------------------------------------|
| <u>Ginette B Buie</u> | | | | | | | | | | | | | | | | | | | | |
| 2.5 | | | | | | | Date of Farlingt Transportion (Month/Day/Voor) | | | | | | | | X | Officer (give title below) | | | Other (specify below) | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2007 | | | | | | | | | | VP o | f Land and | l General | Coun | isel |
| 5300 TOWN AND COUNTRY BLVD. | | | | | | | | | | | | | | | | | | | | |
| SUITE 500 | | | | | | | | | | | | | | | | | | | | |
| | | | | | . 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | ٦٢ | X | Eorn | n filed by On | a Danortino | Dorce | nn. |
| FRISCO | TX | ζ 7 | 75034- | | | | | | | | | | | | Λ | | • | | | |
| | | | | | | | | | | | | | | | | Pers | n filed by Mo on | re than One | е керс | orting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, oı | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution D | | n Date, | 3. Transa Code (8) | | | | | 4 and Sec Ber Ow | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ect rect | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 12/10 | | | | 12/10/2007 | | | | A | | 10,000 | 00 A S | | \$34 | 4.3 | .3 60,000 | | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ov | vned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Date, Transaction Code (Instr. | | ı of | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | ivative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) rect | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (D) | | Date Exercisa | | Expiration Date | Title | of | nber | | | | | | |

Explanation of Responses:

1. Restricted Stock Grant which vests on 1/1/2012.

<u>Roland O. Burns (per 8/10/06</u> <u>P.O.A.)</u>

12/13/2007

** 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.