FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

OMB Number:	3235-0287								
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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

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Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol COMSTOCK RESOURCES INC [CRK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>McBurney Michael D</u>				1	COMOTOCK RESOURCES INC [CRK]										Direc	ctor		10% C	wner		
,					-						ID 0()			\dashv	X	Office	er (give title v)		Other below)	(specify	
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									· · · · · · · · · · · · · · · · · · ·						
5300 TOWN & COUNTRY BLVD.				02/	02/11/2015									VP of Marketing							
SUITE 5	00																				
SULLES	00				4 15	4 If Assessed seeds Date of Original Filed (Manda/D. D.)									C. Ladicidual on Taint/Oracon Filips (Obsalut 11 11						
,					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														-	X	Eorn	n filed by One	a Danori	tina Darc	on	
FRISCO	TX	7	75034												Λ		•		•		
					.											Form Pers	n filed by Moi	re than (One Rep	orting	
(O:+)	(6)	-+->	7:)													1 013	OII				
(City)	(51	ate) (Zip)																		
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed				
1. Title of S	Security (Inst	r. 3)		2. Transa	action		A. Deem		3. 4. Securities Acquired (A)						and Securities			6. Own		7. Nature	
		•		Date (Month/F	Dov/Voo	Execution			Transaction Disposed		Of (D) (Instr.	3, 4 ar					Form: Direct (D) or Indirect	of Indirect Beneficial		
(Month/Da			Jayrrea	ay/Year) if any (Month/Da			Code (Instr. 5) 8)									(I) (Instr. 4)	Ownership (Instr. 4)				
					, , , , , ,		,	\ \ \ \ \ \		(4)					Reported Transaction(s)						
									Code	l۷	Amount	(A) or (D)		Price			3 and 4)				
Common Stock 02/11.					/2015				A		12,551	(1) A		\$	\$0 4		3,551	I)		
						11 12,001 11									<u> </u>						
		Ta	ble II - I	Derivat	ive S	ecu	rities	Acqui	ired, D	ispo	sed of,	or B	enefi	ciall	y Ov	vned					
			(e.g., pi	uts, c	alls	, warr	ants,	option	ıs, c	onvertib	le s	ecurit	ies)							
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nu	mber	6. Date F	xerci	sable and	7. Ti	tle and		8. Pr	ice of	9. Number o	of 10.		11. Nature	
Derivative	Conversion	Date	Execution		Transactio				Expiration	n Dat	e	Amo	Amount of		Derivative		derivative	Ow	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Y	ov/Vear)	Code (Instr.	Derivative ((Month/E	Day/Ye	ear)				Security (Instr. 5)		Securities Beneficially	For	m: ect (D)	Beneficial Ownership	
(111511. 3)	ay/Year) 8)				Acquired					Underlying Derivative			. 3)	Owned		ndirect	(Instr. 4)				
Derivative Security							(A) or		Security (Instr.			str. 3	3		Following	(1) (Instr. 4)				
							Disposed and 4) of (D)						4)				Reported Transaction(s)				
					(Instr. 3, 4				4						(Instr. 4)	``					
				ļ		and 5)															
								1 1						ount							
													or Nun	nber							
								Date		Expiration		of									
					Code	V	(A)	(D)	Exercisa	ble	Date	Title	Sha	res							

Explanation of Responses:

1. Restricted stock award which will vest over three years.

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

02/17/2015

** 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.