FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	OVAL							
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* MAXTED BRIAN F			2. Issuer Name and Ticker or Trading Symbol Kosmos Energy Ltd. [KOS]						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last)	(Fir	*	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day. 12/31/2016						ay/Year)	X	Officer (give title			Oth bel	Other (specify below)	
8176 PARK LANE, STE. 500 (Street) DALLAS TX 75231				4. If Amendment, Date of Original Filed (Month/Day/Year)							′ .	Individual or Joint/Group Filing (Check Applicable Line)					
												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate)	(Zip)														
		Tak	ole I - Non-Deriv	vative Secu	ıritie	s Acc	quire	d, Dis	posed	of, or	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) Common Shares Common Shares		2. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) G						5. Amount of Securities Beneficially			6. Ownership Form:		7. Nature of Indirect Beneficial	
							\		(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I)		Ownership (Instr. 4)	
		06/01/2016					13,8	13,821(1)		\$0		1,745,292(2)		D		See footnote ⁽³⁾	
		06/01/2016					13,821(1)		A	\$0	1,17		1,175,397(2)		I		
Common	Common Shares												6,729,864(2)		I		See footnote ⁽⁴⁾
Common Shares												474,625(2)			I See footnote		
		Т	able II - Deriva (e.g., p	tive Securi uts, calls,		•	,					•	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	Execution Date, Tran		of Deriv Secu Acqu (A) o Dispo	Expirivative (Monsurities quired or spoosed D) str. 3, 4		ate Exercisable and iration Date nth/Day/Year)		d 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	or of the control of	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ect (Instr. 4)
					(A)	(D)	Date Exerc	cisable	Expiration	Title	Amour or Numbe of Shares	er					

Explanation of Responses:

- 1. Gift by the Reporting Person to his wife on June 1, 2016.
- 2. The reported shares reflect ownership as of December 31, 2016.
- 3. These shares are directly held by the reporting person's wife. The reporting person disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.
- 4. These shares are directly owned by Maxted Family Investments, Ltd., an entity controlled by the reporting person. The reporting person disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.
- 5. These shares are directly owned by Maxted Holdings, LLC, an entity controlled by the reporting person. The reporting person disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.

/s/ Phillip Feiner, as Attorney- 02/01/2017 in-Fact

** 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.