FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* MAXTED BRIAN F					Kos	Issuer Name and Ticker or Trading Symbol Kosmos Energy Ltd. [KOS] Date of Earliest Transaction (Month/Day/Year)									5. Relationship of Repo (Check all applicable) X Director				10%	Owner	
(Last)	(Firs	,	/liddle))	01/3	1/20	17							X	Officer (give title Othe below) below Chief Exploration Office				′		
8176 PARK LANE, SUITE 500						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) DALLAS	Street) DALLAS TX 75231															ine) X Form filed by One Reporting Person Form filed by More than One Reportin					
(City)	(Sta	ate) (Z	ľip)													Pers	on				
		Table	e I - I	Non-Deriv	ative S	Secu	ritie	s Ac	quired	, Dis	posed of	f, or	Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			3. Transac Code (Ir 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)				4 Securit Benefic Owned		es ially	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price	,	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common Shares			01/31/2017					Α		89,500(1)	A	\$0		1,805,670			D			
Common Shares															6,72	9,864		Ι	See footnote ⁽²⁾		
Common Shares																1,17	5,397		I	See footnote ⁽³⁾	
Common Shares														474,625		1,625		I	See footnote ⁽⁴⁾		
		Та	ble II	l - Derivat (e.g., pu							osed of, convertib					wned					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					ransaction of ode (Instr. Derivativ			6. Date Expirat (Month	ion D		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f g nstr. nount	of Der Sec (Ins	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						ode V (A) (D)		(D)	Date Exercisable		Expiration Date	Nu of		ımber							

Explanation of Responses:

- 1. These restricted share units were granted under the Issuer's Long Term Incentive Plan (the "Plan") and are scheduled to vest with respect to one-third of the total number of shares on January 1 of each of 2018, 2019 and 2020, subject to the terms of the Plan and the applicable award agreement issued thereunder.
- 2. 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.
- 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 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.

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

** 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.