FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 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).

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

1. Name and Address of Reporting Person [*] Darricarrere Yves-Louis				2. Issuer Name and Ticker or Trading Symbol Kosmos Energy Ltd. [KOS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				3. Date of Earliest Transaction (Month/Day/Year)							Direc	tor er (give title		6 Owner er (specify	
(Last)	st) (First) (Middle)			02/16/2016							belo	below)		ow)	
C/O KOSMOS ENERGY, LLC				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
8176 PARK LANE, SUITE 500				4. II Ameridment, Date of Original Filed (Month/Day/Year)							Line)				
											Form	Form filed by One Reporting Person			
(Street)	s тх		5231									Form Pers	filed by Mor	e than One	Reporting
DALLAS	5 IA	. /	5251									Pers	on		
(City)	(Sta	ate) (Z	(ip)												
,															
		Tabl	e I - Non	n-Deriva	ative S	Securities Acq	uired, l	Disp	osed of	, or Bene	ficiall	y Own	ed		
1. Title of Security (Instr. 3) 2. Trans Date (Month/			Transacti	ion I	2A. Deemed	3. Transaction Code (Instr. 8)		4. Securit	I (A) or	E Am	ficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	p 7. Nature		
			Da		/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (In			Of (D) (Inst		Secur Benef Owne	ities icially d	Form: Direc (D) or Indirect (I)	t of Indirect Beneficial Ownership
			Da	ate	/Year)	Execution Date, if any	Transact Code (In		Disposed			Secur Benef Owne Follor Repor	ities icially d wing	Form: Direc (D) or	of Indirect Beneficial
Common			Da (M	ate	/Year)	Execution Date, if any	Transact Code (In 8)	istr.	Disposed and 5)	Of (D) (Inst (A) or (D)	·. 3, 4	Secur Benef Owne Follor Repor Trans (Instr.	ities icially d wing rted action(s)	Form: Direc (D) or Indirect (I)	t of Indirect Beneficial Ownership
Common		·	Da (M	ate lonth/Day	/Year) 016	Execution Date, if any	Transact Code (In 8) Code	v	Disposed and 5) Amount 31,320	Of (D) (Inst (A) or (D) (1) A	•. 3, 4 Price \$0	Secur Benef Owne Follov Trans (Instr.	ities icially d wing rted 3 and 4) 1,320	Form: Direc (D) or Indirect (I) (Instr. 4)	t of Indirect Beneficial Ownership
Common		·	Da (M)	ate Ionth/Day D2/16/20 Derivati	/Year) 016 ve Se	Execution Date, if any (Month/Day/Year)	Transact Code (In 8) Code A red, Dis	v spo	Disposed and 5) Amount 31,320(sed of, c	Of (D) (Inst (A) or (D) (1) A or Benefit	Price	Secur Benef Owne Follov Trans (Instr.	ities icially d wing rted 3 and 4) 1,320	Form: Direc (D) or Indirect (I) (Instr. 4)	t of Indirect Beneficial Ownership

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 100% on the earlier of February 16, 2017 or the day immediately preceding the date of the Issuer's first annual shareholder meeting following the date of grant, subject to the terms of the Plan and the applicable award agreement issued thereunder.

Date

Exercisable

Expiration

Date

of (D) (Instr. 3, 4

and 5)

(A) (D)

v

/s/ Phillip Feiner, as Attorney-02/18/2016 in-Fact

Transaction(s) (Instr. 4)

** Signature of Reporting Person Date

Amount or Number

Shares

of

Title

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).

Code

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.