FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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).

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 an Ball Ch | | 2. Issuer Name and Ticker or Trading Symbol Kosmos Energy Ltd. [KOS] | | | | | | | | | | Check all ap | olicable) | ng Pers | Person(s) to Issuer 10% Owner Other (specify | | | | |
|---|---|--|--|---------|---|--|---|--------|--|-------------|---|---|------------------------------------|--------------------------|--|---|---|---|---------------------------------------|
| | (Fii SMOS ENE RK LANE, | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2019 | | | | | | | | | | A belo | below) SVP, Chief Com | | below) | |
| (Street) DALLAS TX 75231 (City) (State) (Zip) | | | | | | 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 | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Ac | quired | , Dis | posed o | f, or | Bene | ficia | ally Own | ed | | | |
| Da Da | | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | d Secur Benef Owne | 5. Amount of Securities Beneficially Dwned Following Reported | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | () | A) or D) | Price | Trans | Transaction(s) (Instr. 3 and 4) | | | (111501. 4) | | | |
| common | shares | 01/04 | 4/2019 | | | | A | | 53,556 | (1) | A \$0 | | 7- | 741,527 | | D | | | |
| common shares 01/ | | | | | | 01/04/2019 | | | | | 21,074 | '4 ⁽²⁾ D | | \$4. | .6 7. | 720,453 | | D | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Yo | Date, | Code (Inst | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | vnership orm: rect (D) Indirect | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

- 1. Represents shares issued on settlement of restricted share units granted to the reporting person on January 22, 2016 under the Issuer's Long Term Incentive Plan (the "Plan") that vested based on the level of achievement of the applicable performance condition.
- 2. These shares were withheld by the Issuer to satisfy the tax withholding requirement arising from the vesting of restricted share units granted to the reporting person under the Plan.

Remarks:

By: /s/ Richard Stephens, as Attorney-in-Fact

01/08/2019

** Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.