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 | ddress of Reporting | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol Kosmos Energy Ltd. [KOS] | | ationship of Reporting P k all applicable) Director | Person(s) to Issuer | | | | | |
|---------------------------|--|-----------------------|---|------------------|---|-----------------------|--|--|--|--|--|
| (Last) C/O KOSMO | (First) (Middle) S ENERGY, LLC | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016 | X | Officer (give title below) Chairman an | Other (specify below) | | | | | |
| 8176 PARK LANE, SUITE 500 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | Form filed by One Re | porting Person | | | | | |
| DALLAS | TX | 75231 | | | Form filed by More th Person | an One Reporting | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | h/Day/Year) if any (Month/Day/Year) (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned | Form: Direct (D) or Indirect (I) | 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 | 04/01/2016 | | F | | 9,466(1) | D | \$5.68 | 422,992 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (e.g., puis, cans, warrants, options, convertible securities) | | | | | | | | | | | | |
|---|---|--|---|---|---|---|-----|--|--------------------|---|--|--|--|-------------------|-------------------------|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | (I) (Instr. 4) | Beneficial Ownership |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. 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 Issuer's Long Term Incentive Plan

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

04/05/2016

** 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.