Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

5 Polationship of Poporting Porcon(s) to Issuer

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 Ball Christopher James | | | | | Kosmos Energy Ltd. [KOS] | | | | | | | | | (Chec | k all applicable) Director Officer (give title | | 10% Ov Other (s | | wner | |
|---|---|--|---|---------------------------------|----------------------------|--------------------------|---|---|---|-----------------------|---|--|-------------------------|------------------------------|---|--|---|------------|--|--|
| (Last) 8176 PA | (Fir | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2021 | | | | | | | | X | belov | below) SVP, Chief Comme | | below) | | | | | |
| (Street) DALLA: (City) | Street) DALLAS TX 75231 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benefi | cially | / Own | ed | | | | |
| Date | | | | | nth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Secur Benef Owne | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | | ction(s) 3 and 4) | | | (Instr. 4) | | |
| common shares 01/04 | | | | | .021 | | | | A | | 54,576(1) | A | 1 | \$ <mark>0</mark> | 97 | 78,843 | | D | | |
| common shares 01/04 | | | | 01/04/2 | 2021 | | | | F | | 28,132(2) | Ι | \$ | 2.36 | 6 950,711 | | | D | | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exercion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) (D) | | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | | | | |

Explanation of Responses:

- 1. Represents shares issued on settlement of restricted share units granted to the reporting person on January 31, 2018 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 Issuer's Long Term Incentive Plan.

Remarks:

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

01/06/2021

** 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.