## 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 <sup>*</sup> TONG CHRIS					2. Issuer Name and Ticker or Trading Symbol Kosmos Energy Ltd. [ KOS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Fir	,	/liddle)		3. Date of Earliest Transaction (Month/Day 05/10/2017						n/Day/Year)					er (give title			(specify
C/O KOSMOS ENERGY, LLC 8176 PARK LANE, SUITE 500					4. If Amendment, Date of Original Filed (Month/Day/Year) 05/12/2017									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) DALLAS	тх	. 7	5231													n filed by Mo		•	
(City)	(Sta	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) Date (Month/Day/*				Year) if	Execution Dat			3. Transact Code (In 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)				5. Amo Securit Benefi Owned Follow	ties cially	6. Own Form: (D) or Indirec	Direct ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		A) or D)	Price	Report Transa		(Instr.	4)	(1150.4)
Common Shares 05/10/20				17	7			Α		20,896(1)	(2)	Α	\$ <mark>0</mark>	16	162,784		D		
Common Shares														1	1,000			See footnote <sup>(3)</sup>	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned   (e.g., puts, calls, 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)	Execu if any	eemed tion Date, h/Day/Year)	Code (l	Transaction of Code (Instr. Derivative			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 derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ov Fo Di or (I) 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	ount mber ares					

Explanation of Responses:

1. Due to an administrative error, the original Form 4 timely filed on May 12, 2017 reporting the grant of restricted share units to the Reporting Person under the Issuer's Long Term Incentive Plan (the "Plan") on May 10, 2017 did not include the entire amount of such units.

2. These restricted share units are scheduled to vest 100% on the earlier of May 10, 2018 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.

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.

<u>/s/ Richard Stephens, as</u>	05/16/2017				
Attorney-in-Fact					
** Signature of Reporting Person	Date				

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

 $^{\star}$  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.