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 burd | en | | | | | |
| 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

| Name and Address of Reporting Person* Clark Richard Ryan | | | | | | 2. Issuer Name and Ticker or Trading Symbol Kosmos Energy Ltd. [KOS] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|---|---------|---|--|---------|---------|--------------------------------------|---------------|--|--|------------------------------------|---|---|---------|---|--|---|--|
| | | | | | | | | | | | | | | | | Direc | , | 1 | 0% O | wner |
| (T.) | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | | Officer (give title below) | | Other (specify below) | |
| (Last) (First) (Middle) | | | | | | 01/31/2020 | | | | | | | | | SVP, President Gulf of Mexico | | | | | СО |
| C/O KOSMOS ENERGY LTD. | | | | | | | | | | | | | | | | | | | | |
| 8176 PARK LANE, SUITE 500 | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | " | 4. II Amendment, Date of Original Filed (Month/Day/Teal) | | | | | | | | | Line) | | | | | |
| DALLAS | 5 ТУ | ζ 7 | 75231 | | | | | | | | | | | | X | | n filed by One | | | |
| | | | | . | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution | | n Date, | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | | | |
| common shares 01/31/ | | | | | /2020 | | | | F | | 9,105(| (1) | D | \$5.11 | | 466,386 | | D | | |
| | | Та | able II - C | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 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) | | n of | | 6. Date E Expiratio (Month/D | n Dat | | Amount of | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | Code V | | (D) | | | Expiration Date | Amour or Numbe of Title Shares | | nber | | | | | | |

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.

Remarks:

/s/ Richard J. Stephens, as Attorney in Fact 02/04/2020

** 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.