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* KEMP JOHN RANDOLPH III						2. Issuer Name and Ticker or Trading Symbol Kosmos Energy Ltd. [KOS]									lationshi k all app Direc	olicable)		Person(s) to Issuer	
(Last)	(Fin	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/09/2014										Officer (give title below)		Other (specify below)	
C/O KOSMOS ENERGY, LLC 8176 PARK LANE, SUITE 500						4. If Amendment, Date of Original Filed (Month/Day/Year)										or Joint/Group Filing (Check Applicable			
(Street) DALLAS			'5231												Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(513		Zip)	Non Doriv	ative 6					Dia	nacad a	f a. P		داله	. 0	- d			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N				on 2 F Year) it	n 2A. Deemed Execution Date,			3. Transac Code (li 8)	tion	4. Securiti Disposed and 5)	ired (A) o	A) or 5. A , 4 Sec Ben Owi		Amount of curities neficially ned lowing		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) o (D)	r Price		Reporte Transac			4)	(11150: 4)	
Common Shares 01/09/20					14	14			S ⁽¹⁾		1,389	D	\$11.	45	105	5,035	D		
Common Shares 01/09/20					14				S ⁽²⁾		1,389	D	\$11.	45	4	411			See footnote ⁽³⁾
Common Shares													66		62,816			See footnote ⁽⁴⁾	
	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		ution Date,		ansaction of Dode (Instr. Side (A		osed) ·. 3, 4	6. Date Expirat (Month	ion D /Day/		Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amount or Number of Number of Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. The sales reported in this Form 4 were affected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The sales reported in this Form 4 were affected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person's wife.
- 3. These shares are owned by the reporting person's wife. The reporting person disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.
- 4. These shares granted under the Issuer's Long Term Incentive Plan are directly owned by the Rhonda N. Kemp 2011 Trust No. 1, Rhonda N. Kemp 2011 Trust No. 2, John R. Kemp, IV 2011 Trust No. 1, John R. Kemp, IV 2011 Trust No. 2, John R. Kemp, III 2011 Grantor Retained Annuity Trust and the Rosalind I. Kemp 2011 Grantor Retained Annuity Trust in the amount of 26,579, 26,579, 26,579, 278,250 and 278,250 common shares, respectively. The reporting person disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.

Remarks:

<u>/s/ Phillip Feiner</u> <u>01/10/2014</u>

** Signature of Reporting Person Dat

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.