Edgar Filing: GOODRICH HENRY - Form 4

| GOODRICH | I HENRY | | | | | | | | | | | |
|---|---|---|---|--|--------------|-----------|----------------------|---|--|---|--|--|
| Form 4 | | | | | | | | | | | | |
| May 23, 201 | | | | | | | | | 0.115 | | | |
| FORM | 14 | STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | т | OMB APPROVAL | | |
| UNITED STATES SE | | | | Washington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | |
| Check th if no lon, subject to Section 2 Form 4 c Form 5 | ger o STATEN 16. or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | | |
| obligatio may con <i>See</i> Instr 1(b). | tinue. Section 17(uction | a) of the 1 | Public U | | ding Co | mpan | y Act o | f 1935 or Secti | on | | | |
| (Print or Type) | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> GOODRICH HENRY | | | 2. Issuer Name and Ticker or Trading Symbol | | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | GOODRICH PETROLEUM CORP [GPD] | | | | | (Check all applicable) | | | | |
| (Last) (First) (Middle) 333 TEXAS ST., SUITE 1350 | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2011 | | | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| SHREVEP | ORT, LA 71101 | | | | | | | Form filed by Person | More than One | Reporting | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | e Secu | rities Ac | quired, Disposed | of, or Benefic | cially Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | Date, if | 3. Transactio Code (Instr. 8) | (Instr. 3, | (A) or | d of (D) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 05/19/2011 | | | Code V A | Amount 3,000 | (D) A | Price \$ 18.53 | 15,667 | D | | | |
| Common Stock | | | | | | | | 75,125 | I | HGF Partnership | | |

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

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 control number.

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 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) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Add | ess | Relationships | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| GOODRICH HENRY 333 TEXAS ST. SUITE 1350 SHREVEPORT, LA 71101 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Michael J. Killelea | 05/23/2011 | | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | | |

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.