Edgar Filing: Jacobson Douglas J - Form 4

Jacobson Do	uglas J									
Form 4										
October 02,	2007									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PROVAL		
	• • UNITE	D STATES				NGE C	COMMISSION		3235-0287	
Check th	is hov		Washington	n, D.C. 20	549			Number:		
	Check this box if no longer CTLATED VENTE OF CHANGES IN DEDIFICIAL ON ONE OF CHANGES							Expires:	January 31, 2005	
-	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						NERSHIP OF	Estimated average		
Section 1		SECURITIES						burden hours per response 0.5		
Form 4 o Form 5										
obligation			Section 16(a) of t			<u> </u>				
may cont			Public Utility Ho					n		
See Instru	uction	30(h)	of the Investmer	it Compar	iy Ac	t of 194	0			
1(b).										
(Print or Type I	Responses)									
	ddress of Reporti	ing Person [*]	2. Issuer Name an	1d Ticker or	Tradi	ng	5. Relationship of	Reporting Pers	son(s) to	
Jacobson Do	ouglas J	Symbol	ymbol				Issuer			
C			CHESAPEAKE ENERGY CORP			(Check all applicable)				
			[CHK]				(Chee)	k un upplicable)	
(Last)	(First)	(Middle)	3. Date of Earliest	Transaction			Director	10%	Owner	
			(Month/Day/Year)				XOfficer (give below)	title Other below)	er (specify	
6100 N. WE	ESTERN AVE	•	09/28/2007				· · · · · · · · · · · · · · · · · · ·	E VICE PRES	IDENT	
	(Street)		4. If Amendment, I	Date Origina	1		6. Individual or Jo	oint/Group Filin	g(Check	
			Filed(Month/Day/Ye	-			Applicable Line)		0	
							X Form filed by C			
OKLAHOM	IA CITY, OK	73118					Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip)		D • 4	a	•.•				
(eng)	(Build)	(Eip)	Table I - Non	-Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I			4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Ye	ar) Executio	on Date, if Transac Code	tion(A) or D	•		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(1130.3)		•	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				•	(_) =======	Ownership	
			• • •				Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s) (Instr. 3 and 4)			
G			Code	V Amount	(D)	Price	(instr. 5 and +)			
Common	09/28/2007		А	2,809	А	\$	389,067	D		
Stock						35.26				

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.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		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		

Edgar Filing: Jacobson Douglas J - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
Jacobson Douglas J 6100 N. WESTERN AVE. OKLAHOMA CITY, OK 73118			EXECUTIVE VICE PRESIDENT						
Signatures									
By: Jennifer M. Grigsby For: Doug Jacobson	glas J.	10/02/200	7						
<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.