FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	ions may conti tion 1(b).	nue. See		File	ed nursua	ant t	to Sectio	n 16(a)) of the S	Securi	ties Exchan	ne Ad	t of 1	934		hou	rs per	response:	0.5
moduc				1 110							mpany Act			554		,			
						2. Issuer Name and Ticker or Trading Symbol EVOLUTION PETROLEUM CORP [EPM]									5. Relationship of Report (Check all applicable) X Director			10%	Owner
															Officer (give title Other (s below) below)				
(Last) (First) (Middle) 1229 BURLINGAME AVENUE SUITE 205					12/1	3. Date of Earliest Transaction (Month/Day/Year) 12/10/2012													
(Street) SAN FRANCE	ISCO C.	A 9	94010		- 4. If A	Ame	ndment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person				
(City)	(S	tate) (Zip)																
		Tabl	e I - No	on-Deriv	ative	Sec	curitie	s Ac	quired	l, Dis	sposed o	f, o	r Bei	nefici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)		(A) or 3, 4 and	Benefic	ies cially Following	Forr (D)	wnership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)		Price	Transa	ction(s) 3 and 4)			(
Common Stock 12/10/2			2012	2		S		165,000	D \$7		\$7.9	92 1,5	56,830		I	See Footnote ⁽¹⁾			
		Та	ıble II -								osed of,					l			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	med	4. Transac Code (In 8)	5. No action of (Instr. Del Accion (A) Dis of (mber rative rities ired r osed)	6. Date Exerci Expiration Da (Month/Day/Yo		isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		d f s g	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(A) (D)		sable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person* APITAL MA	NAGE	MENT	<u>, LP</u>														
(Last) 1229 BU SUITE 2		(First) 1E AVENUE	(Mid	ddle)		-													
(Street) SAN FR	ANCISCO	CA	940	010		_													
(City)		(State)	(Zip	0)															
1. Name aı	nd Address of	Reporting Person*				\exists													

(City) (State) Explanation of Responses:

SAN FRANCISCO CA

BEDFORD SCOTT

1229 BURLINGAME AVENUE

(First)

(Middle)

94010

(Zip)

(Last)

(Street)

SUITE 205

^{1.} These securities are held in the accounts of investment funds over which Peninsula Capital Management, LP and Scott Bedford have investment discretion (the "Reporting Persons"). Peninsula Capital Management, LP is the general partner and/or the investment manager of such investment funds and Scott Bedford is the President of Peninsula Capital Management, Inc. which is Peninsula Capital Management, LP's general partner.

Peninsula Capital

<u>Management, LP (+)(++) By:</u> <u>12/10/2012</u>

/s/ Scott Bedford

By: /s/ Scott Bedford (+)(++) 12/10/2012

** 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.