FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

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

	tion 1(b).	ide. See		File							ties Exchanç		f 1934			lliour	s per r	response.	0.5
Name and Address of Reporting Person* PENINSULA CAPITAL MANAGEMENT, LP (Last) (First) (Middle) 1229 BURLINGAME AVENUE SUITE 205					2. I E]	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol EVOLUTION PETROLEUM CORP [EPM] 3. Date of Earliest Transaction (Month/Day/Year) 08/28/2012								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)				
(Street) SAN FRANCI	sco CA		94010 Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3)			2. Transa Date (Month/D	ction	tion 2A. Deemed Execution Date,		3. Transa Code (8)	ction	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) Amount (A) or (D) Pri		or and	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock 08/28/2				2012	012		S		146,965	D \$8		8.06	1,72	1,721,830			See Footnote ⁽¹⁾		
		n Date, Transaction Code (Insti		action	Is, warrants, 5. Number of				onvertib			8 D S (I	Owned Price of perivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					
	SULA C	Reporting Person* APITAL MA (First)		ddle)	<u>, LP</u>	_													
SUITE 2		IE AVENUE				_													
(Street) SAN FR	ANCISCO	CA	940	010		_													
(City)		(State)	(Zip))															

(City) (State) **Explanation of Responses:**

SAN FRANCISCO CA

1. Name and Address of Reporting Person*

1229 BURLINGAME AVENUE

(First)

(Middle)

94010

(Zip)

BEDFORD SCOTT

(Last)

(Street)

SUITE 205

Remarks:

(+) Each of the Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of its or his pecuniary interest therein and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended or for any other purpose. The Reporting Persons affirmatively disclaim being a "group" for purposes of Section 16 of the Securities Exchange Act of 1934, as amended. (++) Peninsula Capital Management, LP and Scott Bedford may be considered directors by deputization due to their affiliation with Kelly W. Loyd, a non-executive employee of JVL Advisors, LLC, who serves on the board of directors of Evolution Petroleum Corp. The managing member of JVL Advisors, LLC is John Lovoi and Scott Bedford serve as co-managing members of Peninsula - JVL Capital Advisors, LLC. JVL Advisors, LLC and Peninsula-JVL Capital Advisors, LLC each serve as the general partner of various investment funds.

Peninsula Capital

Management, LP (+)(++) By: 08/28/2012

/s/ Scott Bedford

By: /s/ Scott Bedford (+)(++) 08/28/2012

** 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.