FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasiiiigtoii, | D.C. 20549 | |
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| | OMB APPROVAL | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burde | en | | | | | | | |
| l | 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* <u>Mazzanti Daryl V</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol EVOLUTION PETROLEUM CORP [EPM] | | | | | | | | | Check a | all app | p of Reportin blicable) ctor er (give title | ng Person | 10% C | |
|--|--|--|--|-------|---|--|--------------------------------------|-----|---|--|--------------------|----------------------|---|--|---|--------------|---|---|--|--|
| (Last) (First) (Middle) 2500 CITY WEST BLVD., SUITE 1300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/08/2014 | | | | | | | | | X Officer (give title Officer (specify below) V.P. Operations | | | | | | |
| (Street) HOUSTON TX 77042 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 a | | | and Securi Benefi | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Cod | e V | Amount | | (A) or (D) | Price | Trans | | ection(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 09/08/ | | | | | 3/2014 | /2014 | | F | | 397(1 |) | D | \$9. | .81 € | | 96,309 | D | | | |
| Common Stock 09/10/ | | | | | /2014 | | F | | 633(1 |) | D | \$9. | 9.75 | | 695,676 | | | | | |
| | 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 Execution Date, if any (Month/Day/Year) (Month/Day/Year) | | | | Date, | 4. Transaction Code (Instr. 8) | | ı of l | | Expira | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Prio Deriva Secur (Instr. | ative ity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Dire or In (I) (II | ership n: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | or Nur of | ount nber ires | | | | | | |

Explanation of Responses:

 $1. \ Shares \ surrendered \ to \ the \ Company \ to \ pay \ income \ tax \ withholding \ obligations.$

Remarks:

/s/ Daryl Mazzanti

09/10/2014

** 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.