## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| igton, D.C. 20549 | 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 2

|                                                            | ions may contil<br>tion 1(b).                                         | iue. See                                   |                                            | File                          | ed nurs                         | uant t                                                      | n Sectio                                                                                                                         | n 16(a) | of the S                                          | ecurit                                                        | ies Exchang        | ie Act (                                                                                          | of 19           | 34                                                                |                                                                                                                                                 | hour                                                                                                               | s per ı        | esponse:                                                                 | 0.5                                                                |  |
|------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------|---------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| msuuc                                                      | uon 1(b).                                                             |                                            |                                            | 1 110                         |                                 |                                                             |                                                                                                                                  |         |                                                   |                                                               | mpany Act o        |                                                                                                   |                 | J4                                                                |                                                                                                                                                 | <u>,</u>                                                                                                           |                |                                                                          |                                                                    |  |
|                                                            |                                                                       |                                            |                                            |                               |                                 |                                                             | 2. Issuer Name and Ticker or Trading Symbol EVOLUTION PETROLEUM CORP [ EPM ]                                                     |         |                                                   |                                                               |                    |                                                                                                   |                 |                                                                   | 5. Relationship of Reporti<br>(Check all applicable)  X Director  Officer (give title                                                           |                                                                                                                    |                | 10% (                                                                    | Owner<br>(specify                                                  |  |
|                                                            |                                                                       |                                            |                                            |                               |                                 | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2013 |                                                                                                                                  |         |                                                   |                                                               |                    |                                                                                                   |                 |                                                                   | belov                                                                                                                                           | N)                                                                                                                 |                | below                                                                    | )                                                                  |  |
| Street) SAN FRANCI                                         |                                                                       |                                            | 94010<br>(Zip)                             |                               | - 4. II                         | f Ame                                                       | endment, 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 |                                                                                                                    |                |                                                                          |                                                                    |  |
|                                                            |                                                                       | Tabl                                       | le I - No                                  | n-Deriv                       | ative                           | Sec                                                         | curitie                                                                                                                          | s Acc   | nuired                                            | . Dis                                                         | nosed o            | f. or F                                                                                           |                 | eficia                                                            | ılly Owne                                                                                                                                       | ed e                                                                                                               |                |                                                                          |                                                                    |  |
| Title of Security (Instr. 3)  2. Transac Date (Month/Date) |                                                                       |                                            |                                            | action                        | tion 2A. Deemed Execution Date, |                                                             | Juired, Disposed of, or Benefic  3. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4)  5) |         | (A) or<br>3, 4 and                                | 5. Amount of Securities Beneficially Owned Following Reported |                    | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                                 |                 | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                                                                                                                                 |                                                                                                                    |                |                                                                          |                                                                    |  |
| Common                                                     | Stock                                                                 |                                            |                                            | 01/28                         | /2013                           | +                                                           |                                                                                                                                  |         | Code                                              | V                                                             | 50,000             | (A)<br>(D)                                                                                        |                 | \$9.5                                                             | (Instr. 3                                                                                                                                       | 1,506,830 I Se                                                                                                     |                |                                                                          |                                                                    |  |
|                                                            |                                                                       | Та                                         |                                            |                               |                                 |                                                             |                                                                                                                                  |         |                                                   |                                                               |                    |                                                                                                   |                 |                                                                   | y Owned                                                                                                                                         |                                                                                                                    |                | ,                                                                        |                                                                    |  |
| Title of<br>Derivative<br>Security<br>Instr. 3)            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deen<br>Executio<br>if any<br>(Month/E | ned 4.<br>n Date, Tran<br>Cod |                                 | action<br>(Instr.                                           | 5. Number of                                                                                                                     |         | 6. Date Exerci<br>Expiration Dat<br>(Month/Day/Ye |                                                               | sable and          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 |                                                                   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                                                                             | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>Illy | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|                                                            |                                                                       |                                            |                                            |                               | Code                            | v                                                           | (A)                                                                                                                              | (D)     | Date<br>Exercisa                                  |                                                               | Expiration<br>Date | Title                                                                                             | or<br>Nui<br>of | ount<br>mber<br>ares                                              |                                                                                                                                                 |                                                                                                                    |                |                                                                          |                                                                    |  |
|                                                            |                                                                       | Reporting Person*  APITAL MA               | NAGE                                       | MENT                          | <u>, LP</u>                     |                                                             |                                                                                                                                  |         |                                                   |                                                               |                    |                                                                                                   |                 |                                                                   |                                                                                                                                                 |                                                                                                                    |                |                                                                          |                                                                    |  |
| (Last)<br>1229 BU<br>SUITE 2                               |                                                                       | (First) IE AVENUE                          | (Mic                                       | ddle)                         |                                 |                                                             |                                                                                                                                  |         |                                                   |                                                               |                    |                                                                                                   |                 |                                                                   |                                                                                                                                                 |                                                                                                                    |                |                                                                          |                                                                    |  |
| Street)                                                    | ANCISCO                                                               | CA                                         | 940                                        | )10                           |                                 |                                                             |                                                                                                                                  |         |                                                   |                                                               |                    |                                                                                                   |                 |                                                                   |                                                                                                                                                 |                                                                                                                    |                |                                                                          |                                                                    |  |
| (City)                                                     |                                                                       | (State)                                    | (Zip                                       | )                             |                                 | _                                                           |                                                                                                                                  |         |                                                   |                                                               |                    |                                                                                                   |                 |                                                                   |                                                                                                                                                 |                                                                                                                    |                |                                                                          |                                                                    |  |
| Name or                                                    | nd Addross of                                                         | Poporting Porcon*                          |                                            |                               |                                 | - 1                                                         |                                                                                                                                  |         |                                                   |                                                               |                    |                                                                                                   |                 |                                                                   |                                                                                                                                                 |                                                                                                                    |                |                                                                          |                                                                    |  |

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

SAN FRANCISCO CA

**BEDFORD SCOTT** 

1229 BURLINGAME AVENUE

(First)

(Middle)

94010

(Zip)

(Last)

(Street)

**SUITE 205** 

Peninsula Capital

Management, LP (+)(++) By: 01/30/2013

/s/ Scott Bedford

By: /s/ Scott Bedford (+)(++) 01/30/2013

\*\* Signature of Reporting Person Date

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

 $^{\star}$  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.