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 |           |  |  |  |  |  |  |  |  |
| 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).                      |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|  |   |        |            |  | 01 -                                    | Secu  | 011 30(11)  | or the n | ivesinei   | IL COI | прапу Аст           | 01 194  | +0              |        |   |  |  |   |                       |  |  |
|--|---|--------|------------|--|---|---|---|----------|--|--------|---------------------|---|-----------------|--------|---|--|--|---|-----------------------|--|--|
| Name and Address of Reporting Person*  POY IEDDY                                 |   |        |            |  |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol NEWPARK RESOURCES INC [ NR ] |   |          |  |        |                     |   |                 |        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)                           |  |  |   |                       |  |  |
| BOX JERRY  |   |        |            |  | -                                       |   |   |          |  |        |                     |   |                 |        |   | Director                                       |  | ;   | 10% Owner             |  |  |
| (Last) (First) (Middle) 2700 RESEARCH FOREST DRIVE SUITE 100                     |   |        |            |  |   | 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2012                     |   |          |  |        |                     |   |                 |        |   | Office<br>below                                | er (give title<br>w)   |   | Other (specify below) |  |  |
| (Street) THE WOODLANDS TX 77381  |   |        |            |  | 4. If                                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |   |          |  |        |                     |   |                 |        | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |  |  |   |                       |  |  |
|  | ANDS  |        |            |  | -                                       |   |   |          |  |        |                     |   |                 |        |   | Form<br>Pers                                   | n filed by Mor<br>on   | e than On   | e Rep                 | orting   |  |
| (City)   | (   | State) | (Zip)      |  |   |   |   |          |  |        |                     |   |                 |        |   |  |  |   |                       |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |        |            |  |   |   |   |          |  |        |                     |   |                 |        |   |  |  |   |                       |  |  |
| Date   |   |        |            |  | Date Ex<br>(Month/Day/Year) if a        |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | Transaction Dispose Code (Instr. 5)                            |        |                     | ities Acquired (A)<br>d Of (D) (Instr. 3, 4   |                 |        | 4 and See<br>Be   |  | ount of<br>ities<br>icially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |   |        |            |  |   |   |   |          | Code   | v      | Amount              |   | (A) or<br>(D)   | Price  | e   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |   |                       | (msu. 4)   |  |
| Common Stock 06/07/  |   |        |            |  |   |   |   |          | A  |        | 23,423              | (1)   | A               | \$0.0  |   | 0 136,172                                      |  | D   |                       |  |  |
|  |   |        | Table II - |  |   |   |   |          |  |        | sed of,<br>onvertib |   |                 |        | y Ov  | vned   |  |   |                       |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any |        |            |  | 4.<br>Transaction<br>Code (Instr.<br>8) |   | n of  |          | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 | str. 3 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   |  | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | 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)   |          | Date<br>Exercisa   |        | Expiration<br>Date  | Title   | or<br>Nun<br>of |        |   |  |  |   |                       |  |  |

## **Explanation of Responses:**

1. The shares will vest on June 7, 2013.

By: Jennifer F. Wilson For: Jerry W. Box

06/08/2012

\*\* Signature of Reporting Person

on 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.