| SEC | Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| heck this box if no longer subject to ection 16. Form 4 or Form 5 Jligations may continue. <i>See</i> struction 1(b). |
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| |

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

| OMB APPROVAL | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average | hurden | | | | | | | |

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|---|--------------------------|-----|
| | hours per response: | 0.5 |
| l | Estimated average burden | |

| | | ı* | 2. Issuer Name and Ticker or Trading Symbol <u>NEWPARK RESOURCES INC</u> [NR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--------------------------------------|------------------------|----------|---|---|--|--------------------------|--|--|
| LINDOWRO | DLRICK A. | | | X | Director | 10% Owner | | |
| (Last) 9320 LAKESIDI SUITE 100 | (First) E BOULEVARD | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2017 | | Officer (give title below) | Other (specify below) | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | dual or Joint/Group Filing (| (Check Applicable | | |
| (Street) THE WOODLANDS | ТХ | 77381 | | Line) X | Form filed by One Repor Form filed by More than Person | 5 | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities A Disposed Of (5) | | | Securities Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--|---------------|--------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (instr. 4) |
| Common Stock | 05/18/2017 | | Α | | 19,230(1) | Α | \$0.0 | 83,963 | D | |

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 (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | Expiration Date (Month/Day/Year) irred osed)) r, 3, 4 | | nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|---|--|---|------------------------------|---|-----|-----|---|--------------------|--|--|---|--|--|--|
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The shares will vest on the earlier of the first anniversary of the date of grant or the date prior to the next annual stockholders meeting.

<u>By: Jennifer Wilson For:</u> Roderick A Larson

05/19/2017

** 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.