FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Vashington, | 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                     |
|--------|------------------------------------------------------------|
| $\Box$ | Section 16. Form 4 or Form 5 obligations may continue. See |
| $\cup$ | obligations may continue. See                              |
|        | Instruction 1(b).                                          |

| Instruc                                                   | ction 1(b). |                           |                                                                                                                | Filed                                                                    |                                                                     | to Section 16(a<br>ion 30(h) of the |                                             |                                                                   |         |                                                     |                                                                                                                                                | 34                                 |                                                                                                       | Lilouis                                                            | per resp |   | 0.0 |
|-----------------------------------------------------------|-------------|---------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------------------------------|---------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|---|-----|
| 1. Name and Address of Reporting Person* PATERSON DAVID A |             |                           |                                                                                                                | 2. Issuer Name and Ticker or Trading Symbol NEWPARK RESOURCES INC [ NR ] |                                                                     |                                     |                                             |                                                                   |         |                                                     | (Che                                                                                                                                           | eck all applic<br>Directo          | ationship of Reporting Person(s) to Is<br>k all applicable) Director 10% of Officer (give title Other |                                                                    |          |   |     |
| (Last) (First) (Middle) 9320 LAKESIDE BOULEVARD SUITE 100 |             |                           |                                                                                                                |                                                                          | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2022         |                                     |                                             |                                                                   |         |                                                     |                                                                                                                                                | VP & President, Fluids Systems     |                                                                                                       |                                                                    |          |   |     |
| (Street) THE WOODI                                        | LANDS T     | X                         | 77381                                                                                                          |                                                                          | 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/20/2022 |                                     |                                             |                                                                   |         | Line                                                | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |                                    |                                                                                                       |                                                                    | n        |   |     |
| (City)                                                    | (S          | tate)                     | (Zip)                                                                                                          |                                                                          |                                                                     |                                     |                                             |                                                                   |         |                                                     |                                                                                                                                                |                                    |                                                                                                       |                                                                    |          |   |     |
|                                                           |             | Tab                       | ole I - Nor                                                                                                    | n-Deriva                                                                 | ative Se                                                            | curities Ac                         | quired                                      | , Dis                                                             | posed   | of, c                                               | or Bene                                                                                                                                        | eficiall                           | y Owned                                                                                               |                                                                    |          |   |     |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D  |             |                           | Execution Date,                                                                                                |                                                                          | Transaction Disposed Code (Instr. 5)                                |                                     | ities Acquired (A)<br>d Of (D) (Instr. 3, 4 |                                                                   |         | Securitie<br>Beneficia<br>Owned F                   | Securities<br>Beneficially                                                                                                                     |                                    | Direct<br>ndirect<br>r. 4)                                                                            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |          |   |     |
|                                                           |             |                           |                                                                                                                |                                                                          |                                                                     | Code                                | v                                           | Amount                                                            |         | (A) or<br>(D)                                       | Price                                                                                                                                          | Transaction(s)<br>(Instr. 3 and 4) |                                                                                                       |                                                                    |          | ( |     |
|                                                           |             | -                         |                                                                                                                |                                                                          |                                                                     | urities Acq<br>s, warrants          |                                             |                                                                   |         |                                                     |                                                                                                                                                |                                    | Owned                                                                                                 |                                                                    |          |   |     |
|                                                           |             | ransaction<br>ode (Instr. | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr.<br>3, 4 and 5) | Expirati                                                                 | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)      |                                     |                                             | Title and A<br>Securities<br>derlying<br>rivative S<br>str. 3 and | ecurity | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4)                     |                                    | 0.<br>Dwnership<br>Form:<br>Direct (D)<br>or Indirect<br>I) (Instr. 4)                                | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |   |     |

## **Explanation of Responses:**

\$<mark>0.0</mark>

1. The restricted stock units vest in increments of one-third of the shares on June 1 of each subsequent year after grant.

## Remarks:

Restricted

Units

REMARKS: This Form 4 amendment is intended to correct an administrative error in column 5 of the Form 4 filed on May 20, 2022 which resulted in the number of restricted stock units reported as acquired by the reporting person being overstated in the original filing.

Date

Exercisable

(1)

(D)

Expiration

(1)

Title

Common

By: E. Chipman Earle For: **David Paterson** 

Amount

Shares

91,860

\$<mark>0.0</mark>

\*\* Signature of Reporting Person

253,383

05/24/2022

D

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).

05/19/2022

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

(A)

91,860

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.