# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty   | pe Response   | s)                |   |                                      |                                |            |   |  |  |   |                                    |  |                                       |   |   |
|--|---------------|-------------------|---|--------------------------------------|--------------------------------|------------|---|--|--|---|------------------------------------|--|---------------------------------------|---|---|
| 1. Name and Address of Reporting Person* Guidry Steven P |               |                   | 2. Issuer Name and Ticker or Trading Symbol VAALCO ENERGY INC /DE/ [EGY]  |                                      |                                |            |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner |   |                                    |  |                                       |   |   |
| 9800 RICHMOND AVE., SUITE 700  (Street)                  |               |                   | Date of Earliest Transaction (Month/Day/Year)     03/03/2016      If Amendment, Date Original Filed(Month/Day/Year) |                                      |                                |            |   |  | X Officer (give title below) Other (specify below)  Chief Executive Officer                  |   |                                    |  |                                       |   |   |
|  |               |                   |   |                                      |                                |            |   | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person  |  |   |                                    |  |                                       |   |   |
| HOUS IC  | ON, TX 77     | (State)           | (Zip)   |                                      | т.ь                            | bla I Niss | . Di  | -4 <b>:</b> 6  | Y•4•   |   |                                    |  | ) 6° - 1 - 11 <i>(</i>                |   |   |
| 1. Title of Security (Instr. 3)  2. Tran Date (Month     |               | ` ,               | 2. Transaction<br>Date<br>(Month/Day/Year)  | 2A. Deemed<br>Execution Date,<br>any | , if                           | 3. Transa  | ction 4   | on 4. Securities Acquires (A) or Disposed of (Instr. 3, 4 and 5)   |  | uired<br>of (D)   | 5. Amoun<br>Beneficial<br>Reported | nt of Securities ally Owned Following Transaction(s) |                                       | 6.<br>Ownership<br>Form:  | 7. Nature of Indirect Beneficial                |
|  |               |                   |   | (Month/Day/Year)                     |                                | Code       | V Amour   |  | (A) or (D)   | Price   | (Instr. 3 a                        | ind 4)   |                                       | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)                                | Ownership<br>(Instr. 4)                         |
|  |               | 03/03/2016        |   |                                      | F                              | 6          | 6,558 D   | D  | \$<br>1.18   | 216,321   |                                    | Γ  | D                                     |   |   |
| Reminder:  | Report on a s | separate line for | each class of secur   | rities beneficially                  | / owi                          |            | Persor  | ns wh  | o respo  |   |                                    | ction of inf   |                                       |   | 1474 (9-02)                                     |
| Reminder:  | Report on a s | separate line for | Table II - 1  | Derivative Secu                      | ritie                          | es Acquire | Persor<br>contain<br>the for<br>ed, Disp              | ns wh<br>ned ir<br>rm dis  | o respo<br>this fo<br>plays a<br>of, or Ber  | rm are<br>curren  | not requ<br>ntly valid             | ired to res  | ormation<br>spond unles<br>rol number | s   | 1474 (9-02)                                     |
| 1. Title of  |               | 3. Transaction    | Table II - 1  3A. Deemed Execution Day  | •                                    | rities war  5. N of D Se A (// | es Acquire | Persor<br>contain<br>the for<br>ed, Disp<br>tions, co | ns who ned in med in me | o responthis for splays a of, or Bertible secutions able on Date                             | rm are currer neficial rities) 7. Ti Amo Unde Secu (Inst 4) | not requ<br>ntly valid             | ired to res  | spond unles<br>rol number             | f 10.<br>Ownersh<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | 11. Nature of Indirection Beneficial (Instr. 4) |

### **Reporting Owners**

| P 4' 0 N /  | Relationships |              |                         |       |  |  |  |
|---|---------------|--------------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer                 | Other |  |  |  |
| Guidry Steven P<br>9800 RICHMOND AVE.<br>SUITE 700<br>HOUSTON, TX 77042 | X             |              | Chief Executive Officer |       |  |  |  |

## **Signatures**

| /s/ Steven P. Guidry by Eric J. Christ, as attorney-in-fact | 03/04/2016 |  |
|---|------------|--|
| **Signature of Reporting Person                             | Date       |  |

# **Explanation of Responses:**

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.