McParland Jeffrey J Form 4 January 22, 2019

FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

OMB APPROVAL

subject to Section 16. Form 4 or Form 5

Estimated average **SECURITIES**

206,048

37,542

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burden hours per response... 0.5

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Stock

Stock

(Print or Type Responses)

| 1. Name and Address of Reporting Person * McParland Jeffrey J | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|---|---|--|----------------------------|-----|-------------|--|---|--|---|----------|--|
| | Targa Resources Corp. [TRGP] | | | | | | (Check all applicable) | | | | | |
| (Last) | (First) (M | (Iiddle) | 3. Date of Earliest Transaction | | | | (Check an approach) | | | | | |
| 811 LOUIS | (Month/Day/Year) 01/17/2019 | | | | | | Director 10% Owner Officer (give title Other (specify below) President - Administration | | | | | |
| | 4. If Amer | 4. If Amendment, Date Original | | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| HOUSTON | Filed(Mon | Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Table | e I - Non- | ·Do | erivative S | ecuri | ties Acq | uired, Disposed o | of, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | ansaction Date 2A. Deemed th/Day/Year) Execution Date any (Month/Day/ | | n Date, if Transac Code | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) Indirect Ownership (Instr. 4) 7. Nature of Beneficial Ownership (Instr. 4) | | |
| Common | | | | Code ' | V | Amount | (D) | Price | (msu. 5 and 4) | | | |
| Common Stock | 01/17/2019 | | | A | | 20,667 | A | \$0 | 192,885 | D | | |
| Common Stock | 01/19/2019 | | | F | | 16,015 | D | \$ 43.5 | 176,870 | D | | |

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

See

(1)

Footnote

By IRA

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. | 5. onNumber | 6. Date Exerc Expiration D | | 7. Titl | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|--------------------|----------------|-------------------------------|--------------------|-----------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Tear) | any (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/ | | Under Securi | rlying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

McParland Jeffrey J 811 LOUISIANA, SUITE 2100 HOUSTON, TX 77002

President - Administration

Signatures

/s/ Jeffrey J. 01/22/2019 McParland

**Signature of Reporting Date
Person

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).
- (1) These shares are held by the Sarah McParland Family Trust, of which Mr. McParland's spouse serves as trustee.

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.

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