FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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INITIAL STATEMENT OF 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

Hicks Micheal I		Date of Event F Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol UNIT CORP [UNT]							
(Last)	(Last) (First) (Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable)			1)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
8200 SOUTH UNIT DRIVE		_				,	6. Individual o Applicable Lin X Form fi		Joint/Group Filing (Check) ed by One Reporting Person ed by More than One ig Person		
			Table I - Nor	n-Deriva	tive S	ecurities Beneficially	y Owned				
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						21,006	D				
Common Stock						19,296	I		By 401(k) ⁽¹⁾		
						curities Beneficially (options, convertible					
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ite	Underlying Derivative Security (Instr. 4) Convo		Conversi or Exerci	rsion Ownership rcise Form: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Price of Derivativ Security	e (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

1. This information is based on a plan statement dated as of March 31, 2020.

Remarks:

poa_mhicks.txt

By April Adler under POA 04/01/2020

** 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 5 (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.