FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

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

| Name and Address of Reporting Person* Peyton G Bailey IV | | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIT CORP [UNT] | | | | | | | | | ationship kall appli Directo | , | g Perso | on(s) to Issa 10% O | | |
|--|---|--|--|-------|----------------------------------|---|--|-------|--|-------|---|-----------------|-----------------------------------|-----------------------------|--|--|---|--|--|--|
| (Last) | , | (First) (Middle) | | | | Date of Earliest Transaction (Month/Day/Year) //03/2020 | | | | | | | Office | cer (give title ow) | | Other (specify below) | | | | |
| 8200 SOUTH UNIT DRIVE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | Form filed by One Reporting Person | | | | n | |
| TULSA | LSA OK 741 | | 4132 | | _ | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Ex | A Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 | | | and 5) Securiti Benefici | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | • | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 09/03/2 | | | | | 3/2020 | .020 | | J | | 59,60 | 2 D | \$0.0 | 000(1) | 0.0000 | | | 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 Deeme Execution if any (Month/Da | Date, | 4. Transact Code (In 8) | | ı of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | of Securities | | es J Security | , O D S | . Price f f Perivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ON For Or (I) 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | e V | | (D) | Date Exercisab | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |
| Stock Option (Right to Buy) | \$53.81 | 09/03/2020 | | | J | | | 3,500 | 11/05/201 | 1 0 | 05/05/2021 | Common Stock | 3,50 | 00 \$ | 0.0000(1) | 0.0000 | | D | | |

Explanation of Responses:

1. On August 6, 2020, an order confirming the plan of reorganization (the "Plan") of Unit Corporation (the "Company") and certain of its subsidiaries was entered by the United States Bankruptcy Court for the Southern District of Texas, Houston Division. On September 3, 2020, the Plan became effective and under its terms all of the Company's equity was cancelled.

By April Adler under POA 09/08/2020

** 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 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.