

EQT Corp  
 Form 3  
 March 03, 2017

**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,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Schlosser David E. Jr. (Last) (First) (Middle)  625 LIBERTY AVENUE, SUITE 1700  (Street)  PITTSBURGH,Â PAÂ 15222 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/01/2017	3. Issuer Name and Ticker or Trading Symbol EQT Corp [EQT]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Senior Vice President	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	29,190	D	Â
Common Stock	269	I	Savings Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Restricted Stock Units	01/01/2020	01/01/2020	Common Stock	2,240 <sup>(1)</sup>	\$ <sup>(2)</sup>	D	^
Restricted Stock Units	^ <sup>(3)</sup>	^ <sup>(3)</sup>	Common Stock	7,481	\$ <sup>(2)</sup>	D	^

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Schlosser David E. Jr. 625 LIBERTY AVENUE, SUITE 1700 PITTSBURGH, PA 15222	^	^	^ Senior Vice President	^

## Signatures

/s/ Jonathan M. Lushko, Attorney-in-Fact for David E. Schlosser, Jr. 03/03/2017

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).
- (1) Restricted Stock Unit award which vests completely three years from the transaction date.
- (2) Each Restricted Stock Unit represents a contingent right to receive in cash the economic equivalent of one share of the Company's common stock.  
Each Restricted Stock Unit is a confirmed performance award under the Company's 2016 Value Driver Award Program and will vest and
- (3) be paid out in cash during the first quarter of 2018 provided that the recipient is employed by the Company on the date that the payment is made.

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**Remarks:**  
 Exhibit 24 - Power of Attorney

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.