FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHA |
|--|-----------------------|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Sec |

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* <u>Stice Travis D.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Diamondback Energy, Inc. [FANG] | | | | | | | | i. Relationshi Check all app X Dire | olicable) | , | | |
|---|--|--|---------------|-----------------------------------|---|---|---|---|--|-----------|--------------------|---|------------------------------------|--|--|---|--|--|
| (Last) 500 WES | ` | rst) (SUITE 1200 | , , | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2016 | | | | | | | | e title Other below Executive Officer | | , |
| (Street) MIDLAN (City) | | | 79701 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - N | lon-Deriv | <i>r</i> ative | Secu | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | |
| Common Stock | | | 01/19/2 | 016 | | | | A | | 90,169(1) | A | \$0 | 185,946 | | I ⁽²⁾ | | By Stice Investments, Ltd. ⁽²⁾ | |
| | 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) | if any | emed tion Date, n/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersi Form: Direct (I or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | or Number of Shares | | | | | |

Explanation of Responses:

- 1. These securities are restricted stock units that were granted under the issuer's 2012 Equity Incentive Plan. 30,057 of these restricted stock units vested on January 19, 2016, and the remaining 60,112 restricted stock units will vest in two equal annual installments beginning on January 2, 2017.
- 2. These securities are held by Stice Investments, Ltd., which is managed by Stice Management, LLC its general partner. Mr. Stice and his spouse hold 100% of the membership interests in Stice Management, LLC, of which Mr. Stice is the manager.

Remarks:

/s/ Randall J. Holder, as 01/21/2016 attorney-in-fact for Travis D. **Stice**

** 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.