

ONE GAS, INC. Reported by LAWHORN CARON A

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/04/14 for the Period Ending 12/02/14

Address 15 EAST FIFTH STREET

TULSA, OK 74103

Telephone 918-947-7000

CIK 0001587732

Symbol OGS

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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STATEMENT OF CHANGES IN 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

| 1. Name and Address of Reporting Person * | | | 2. Iss | suer Name | and Ti | cke | r or Tra | ading | Symb | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|-----------|-------------|---------------------------------|--|-----------|---|---------------|------------------|---------------------|--|---|--|---|--|
| Lawhorn Caron A | | | ON | E Gas, 1 | inc. [C | G | S] | | | | | | | |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director 10% Owner | | | |
| 15 E. 5TH STREET | | | | | 12 | /2/2 | 2014 | | | below) | X Officer (give title below) Other (specify below) SVP, Commercial | | | |
| (Street) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| TULSA, OK 74103 (City) (State) (Zip) | | | | | | | | | | | _ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Tal | ble I - Nor | ı-Deriva | tive Secu | rities Ac | equ | ired, D | ispos | ed of, | or Beneficially Ow | ned | | | |
| 1 | | | 2. Trans. Date | 2A. Deemed Execution Date, if | Code | 3. Trans. Code (A) or l (Instr. 8) (Instr. 3 | | | of (D) | | . Amount of Securities Beneficially Owned following Reported Transaction(s) Instr. 3 and 4) | | | 7. Nature of Indirect Beneficial Ownership |
| | | | | any | Code | v | Amount | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | |
| Common stock, par value \$0.01 | | | 12/2/2014 | | A (1) | | 1 | A | \$40.66 | 254 | 25436 | | D | |
| Common stock, par value \$0.01 | | | 12/3/2014 | | A (1) | | 1 | A | \$41.81 | 25437 | | D | | |
| Table II | - Derivat | ive Securi | ties Ben | eficially (| Owned (| e.g | g., puts | s, calls | s, war | rants, options, con | vertible s | ecurities) | | |
| 1. Title of Derivate Security (Instr. 3) 2. Conversi or Exerci Price of Derivativ Security | se | Deemed | 4. Trans. Code (Instr. 8) | e Derivative S | | and Expiration Date Sec De | | | Seco | itle and Amount of arities Underlying ivative Security tr. 3 and 4) | (Instr. 5) Securi Benefi Owned | of derivative Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code V | (A) | (D) | Date Exe | e rcisable | Expiration Date | ^{On} Title | Amount or Number of Shares | | Reported Transaction (s) (Instr. 4) | | |

Explanation of Responses:

(1) Share acquired under Issuer's Employee Stock Award Program.

Reporting Owners

| Paparting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|------------------|-----------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 0% Owner Officer | | Other | | | | |
| Lawhorn Caron A | | | | | | | | |
| 15 E. 5TH STREET | | | SVP, Commercial | | | | | |
| TULSA, OK 74103 | | | | | | | | |

Signatures

/s/ Brian K. Shore, Attorney-in-Fact for Caron A. Lawhorn

12/4/2014

Date

** Signature of Reporting Person

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 control number.