SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average b	urden					

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	hours per response:	0.5
l	Estimated average burden	

1. Name and Address of Reporting Person [*] WEXFORD CAPITAL LP					2. Issuer Name and Ticker or Trading Symbol Diamondback Energy, Inc. [FANG]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner										
(Last) (First) (Middle) 411 WEST PUTNAM AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 03/20/2015							Officer (give title Other (spec below) below)				specify						
SUITE 1	25					4. If Amen	dmen	, Da	ate o	of Ori	ginal	Filed	d (Month/D	ay/Yea	r)	6.1	ndividual o	or Joint/G	roup Fil	ling (Che	eck Ap	plicable
(Street) GREENWICH CT 06830					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person									
(City)	(S	tate)	(Zip)																			
		Tal	ole I	- Non-Deriv	/ati	ive Sec	uriti	es /	Ac	quir	ed,	Dis	posed	of, or	Benefi	cia	lly Owne	ed	_			
1. Title of S	Security (Ins	tr. 3)		2. Transaction Date (Month/Day/Ye				on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Inst		.cquired D) (Instr.	ed (A) or str. 3, 4 and 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 (D		(A) or (D)	Price		Transaction (Instr. 3 and	on(s)				
Common	Stock, par	value \$0.01															75,4	176	D			
Common	Stock, par	value \$0.01		03/20/201	5				5	5		24	2,671 ⁽¹⁾	D	\$71.93	327	852,	610	I		See footnotes ⁽³⁾⁽²⁾	
		-	Fable	e II - Derivat (e.g., p	tive uts	e Secur	ities war	Ac	qu ts.	uired	l, Di	ispo s. c	osed of,	or Be	eneficia	ally s)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) Ex	. Deemed ecution Date,	4. Tra	nsaction de (Instr.	5. Nu of Deri Secu Acqu (A) o Disp of (D (Inst and	umbo vativ uritie uirec or oseo) r. 3,	er ve es d	6. Da Expi	ate E: iratio	ns, convertible securiti Exercisable and ion Date (Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)			e and int of rities rlying ative rity (Instr.		8. Price of Derivative Security (Instr. 5) Benefi Ownec Follow Report Transa (Instr. 4		tive Owner ties Form: cially Direct I or Indi ting (I) (Ins ted action(s)		(D) Beneficia (D) Ownersh rect (Instr. 4)	
					Со	de V	(A)	(D))	Date Exer	e rcisal		Expiration Date	Title	Amoun or Numbe of Shares	r						
		Reporting Persor	1*				-											-		·		
(Last) 411 WES SUITE 1		(First) M AVENUE		(Middle)																		
(Street) GREEN	WICH	СТ		06830																		
(City)		(State)		(Zip)																		
		Reporting Persor	ı*																			
	XFORD CA	(First) APITAL LP M AVE.		(Middle)																		
(Street) GREEN	WICH	СТ		06830																		
(City)		(State)		(Zip)																		
1. Name ar	d Address of	Reporting Persor	n*																			

(Last)(First)(Middle)C/O WEXFORD CAPITAL LP411 WEST PUTNAM AVENUE, SUITE 125							
(Street)							
GREENWICH	СТ	06830					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* Wexford GP LLC							
(Last)	(First)	(Middle)					
C/O WEXFORD C	CAPITAL LP						
SUITE 125							
(Street)							
GREENWICH	СТ	06830					
(City)	(State)	(Zip)					

Explanation of Responses:

1. The securities disposed of were held by DB Energy Holdings LLC ("DB Energy"), Wexford Catalyst Fund, L.P. ("WCF"), Wexford Spectrum Fund, L.P. ("WSF"), Spectrum Intermediate Fund Limited ("SIF") and Catalyst Intermediate Fund Limited ("CIF" and, together with DB Energy, WCF, WSF and SIF, the "Funds").

2. This form is jointly filed by Wexford, Charles E. Davidson ("Davidson"), Joseph M. Jacobs ("Jacobs"), and Wexford GP LLC ("Wexford GP"). The common stock shown as beneficially owned by Davidson, Jacobs, Wexford GP and Wexford reflect common stock owned of record by the Funds. Wexford serves as manager, investment advisor or sub advisor of each of the Funds, and as such may be deemed to share beneficial ownership of the securities beneficially owned by the Funds. Wexford GP, as the general partner of Wexford, may be deemed to share beneficial ownership of the securities beneficially owned by the Funds. (continued under Footnote (3) below).

3. (continued from Footnote (2) above) Davidson and Jacobs, as the controlling persons of Wexford GP, may be deemed to share beneficial ownership of any securities beneficially owned by the Funds for which Wexford serves as manager, investment advisor or sub advisor. Each of the Reporting Persons and each of the Funds disclaims beneficial ownership of the securities reported herein, except to the extent of his or its actual pecuniary interest therein.

Remarks:

Wexford Capital LP, By:	
Wexford GP LLC, its general	
<u>partner By: Arthur Amron,</u>	03/24/2015
Vice President and Assistant	
<u>Secretary</u>	
Wexford GP LLC, By: Arthur	
Amron, Vice President and	<u>03/24/2015</u>
Assistant Secretary	
Charles E. Davidson	03/24/2015
Joseph M. Jacobs	03/24/2015
** Signature of Reporting Person	Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.