FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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 * SULLIVAN WILLIAM D | | | | | 2. Issuer Name and Ticker or Trading Symbol SM Energy Co [SM] | | | | | | | | | tionship of F all applicab | | erson | (s) to Issuer | wnor | |
|---|--|------------------------|---|--------------------|--|---|--|------|---|------------------------|---|---|-----------|--|---|---|---------------|--|--|
| (Last) | (First) | (Mi | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2014 | | | | | | | | | Officer (g below) | ive title | | Other (s | | | | |
| 1775 SHERMAN ST SUITE 1200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/23/2014 | | | | | | | | 6. Indiv | , , , | | | | | |
| (Street) DENVER (City) | CO (State) | 80 (Zi _l | 203 p) | | | | | | | | | | | Form file | d by More | than C | ne Reportin | g Person | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | e Enth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | ırities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock; \$.01 Par Value 05/2 | | | | | 21/2014 | | | A | | 4,551 ⁽¹⁾ A | | \$78.03 | 42,8 | 42,821 | | 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) | ivative Conversion Date Execution Date, | | | ate, | 4. Transaction Code (Instr. r) 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | te | 7. Title and An Securities Und Derivative Sec (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | |

Explanation of Responses:

1. The purpose of this amendment is to correct the number of shares of common stock issued as compensation for the reporting person's role as non-executive Chairman of the Board. The amount was originally reported as 962 shares of common stock but is now corrected to 1,090 shares of common stock.

Remarks:

Karin M. Writer (Attorney-In-Fact) 05/30/2014

** 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.