

[] 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.	2. Issuer Name and Ticker or Trading Symbol						ool		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
					Jo	Jones Energy, Inc. [JONE]							(Check un up	pricable)			
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							Director Officer (gi	Director X 10% Owner Officer (give title below) Other (specify below)				
1177 AVENUE OF THE AMERICAS,, 40TH FLOOR						11/24/2017									·,	()	,
	(Stre				4.	If Am	endme	nt, Date (Origi	nal File	d (MM/D	D/YYY	(Y) 6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
NEW YORK	•		,										Form filed by X Form filed			g Person	
(Ci	ity) (Sta			- I - No	n-De	rivativ	ve Sec	urities Aa	anir	ed. Dis	enosed o	of. or	Beneficially Own	ed			
1.Title of Security (Instr. 3)			1401	2. Trans.		2A. Dec Executi Date, if	emed	3. Trans. Co (Instr. 8)		4. Securi or Dispo	ties Acqui sed of (D) 4 and 5)	ired (A)		ities Benefici		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	V	Amount	(A) or (D)	Price	;			(I) (Instr. 4)	(Instr. 4)
Class A Common St	tock			11/27/2	017			s		23568	D	\$1.039	2	815688		I	See Footnotes
Class A Common St	tock			11/27/2	017			s		6028	D	\$1.039	2	1283785		I	See Footnotes
Class A Common St	tock			11/27/2	017			s		11295	D	\$1.039	2	2405410		I	See Footnotes
Class A Common So	tock			11/27/2	017			s		8646	D	\$1.039	2	1841255		I	See Footnotes
Class A Common So	tock			11/27/2	017			s		10599	D	\$1.039	2	2257241		I	See Footnotes
Class A Common So	tock			11/27/2	017			s		1105	D	\$1.039	2	235277		I	See Footnotes
	Tab	le II - Der	ivativ	e Secur	ities	Benef	icially	Owned (e.g.	, puts,	calls, w	arrar	nts, options, conv	ertible sec	curities)		
	Conversion or Exercise Price of Derivative		3A. De Execut Date, it	ion (I	Trans. nstr. 8)	I I	Derivati Acquired Disposed	ve Securities 1 (A) or		I			e and Amount of ities Underlying ative Security 3 and 4)	Derivative Security (Instr. 5) derivative Securities Beneficially Owned	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) The Reporting Person is the sole member of the general partner of Metalmark Capital Partners II GP, L.P, which is the general partner of private equity funds who own the shares through the following entities: MCP (C) II Jones Intermediate LLC, MCP II Co-Investment Jones Intermediate LLC, MCP II (TE) AIF Jones Intermediate LLC, MCP II (Cayman) AIF Jones Intermediate LLC and MCP II Executive Fund Jones Intermediate LLC. The Reporting Person disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Metalmark Capital II LLC 1177 AVENUE OF THE AMERICAS, 40TH FLOOR NEW YORK, NY 10036		X					

***Signature of Reporting Person							
Signatures Metalmark Capital II LLC, /s/ Ken Clifford, CFO and Managing Director							
40TH FLOOR NEW YORK, NY 10036	X						

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).

Metalmark Capital Partners II GP, L.P.

** 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.

** Signature of Reporting Person

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.

Date