FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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 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

Print or Type Responses) 1. Name and Address of Reporting Person * TURKLESON DON A				2. Issuer Name and Ticker or Trading Symbol TELLURIAN INC. /DE/ [TELL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 1201 LOUISIANA STREET, SUITE 3100				3. Date of Earliest Transaction (Month/Day/Year) 12/17/2018							(give title belo		Other (specify b	elow)		
(Street)			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
HOUSTON, TX 77002 (City) (State) (Zip)										nired, Disposed of, or Beneficially Owned						
		()		2. 5											7 37 .	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ection	(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficial	ally Owned Following Transaction(s)			7. Nature of Indirect Beneficial Ownership	
						Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	Indirect (Instr. 4)	
Common	Stock		12/17/2018			P		42,320	A	\$ 6.75	172,224			D		
Reminder:	Report on a	separate line f	or each class of se	curities b	eneficially o	wned dire	ctly o	r								
Reminder: indirectly.	Report on a	separate line f			,		Pers cont the f	ons who ained in orm dis	this fo plays a	rm are curre	e not requently valid	uired to re I OMB cor	formation spond unl itrol numb	ess	EC 1474 (9- 02)	
indirectly.		•	Table II -	Derivati	ive Securition	es Acquiro	Pers cont the f ed, Di tions,	ons who ained in orm dis sposed o converti	this fo plays a f, or Ber ible secu	rm are curre neficial crities)	e not requently valid	uired to re I OMB cor	spond un itrol numb	ess er.	02)	
	2. Conversion	3. Transactio	Table II - n 3A. Deeme Execution I	Derivati (e.g., put)	ive Securitic ts, calls, was 4. Transaction Code (Instr. 8)	es Acquire rrants, op 5. Number	Pers cont the fed, Di tions,	ons who ained in orm dis sposed o converti ate Exerc Expiratio	this for plays a f, or Ber ible secution Date	rm are curre neficial urities) 7. To Amo Und Secu	e not requested the not requested to the notation of the notat	uired to re I OMB cor	spond unlatrol numb	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nature of Indire Beneficio Ownersl (Instr. 4)	

Reporting Owners

Daniel Carron Name / Add and		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TURKLESON DON A 1201 LOUISIANA STREET, SUITE 3100 HOUSTON, TX 77002	X					

Signatures

/s/ Daniel Belhumeur under Power of Attorney by Don A. Turkleson	12/17/2018
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.