FORM 4

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

OMB APPROVAL
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).

(Print or Type Pecnonces)

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 Denomina Dancen* | | | 2 Januar Nama and Tielen or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | | |
|--|---|---|---|--|------------|---|---|-----------------------|--|---|---|---|---|--|--|--------------------------------|
| 1. Name and Address of Reporting Person* GROSS JONATHAN S | | | | 2. Issuer Name and Ticker or Trading Symbol TELLURIAN INC. /DE/ [TELL] | | | | | | | (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 1201 LOUISIANA STREET, SUITE 3100 | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2022 | | | | | | Office | er (give title belo | ow) | Other (specify | below) | | | |
| (Street) HOUSTON, TX 77002 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | (Instr. 8) | | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | t of Securities lly Owned Following Transaction(s) | | Form: | 7. Nature of Indirect Beneficial | | |
| | | | | (Month/Day | / Y eai | | ode | v | Amoun | (A) or (D) | Price | (Instr. 3 a | 0 (1 | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Stock | | 06/08/2022 | | | | A | | 45,230 |) A | \$ 0 | 149,559 | | | D | |
| Common | Common Stock | | | | | | | | | | | 140,000 | | | I | By Gross Family Trust |
| Reminder: | Report on a s | separate line fo | r each class of secur Table II - I | ities benefici | | | | Pers cont the f | ons wh ained in | o respoi n this for splays a | rm are curre | e not requ ntly valid | ction of int uired to res OMB con | spond unl | ess | 2 1474 (9-02) |
| 1 | ı | T | | e.g., puts, ca | | arran | | | - | | | | | 1 | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e of vative (Month/Day/Year) any (Month/I | | e, if Transa Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | Am Und Sec | itle and ount of derlying urities tr. 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form of Deriva Securit Direct or Indi | f Benefici Ownersh (Instr. 4) ect | |
| | | | | Code | V | (A) | (D) | Date Exer | | Expiration Date | n Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| GROSS JONATHAN S 1201 LOUISIANA STREET, SUITE 3100 HOUSTON, TX 77002 | X | | | | | |

Signatures

| /s/ Daniel Belhumeur under Power of Attorney by Jonathan S. Gross | 06/08/2022 |
|---|------------|
| **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.