FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number: 3235-02						
Estimated average burden						
hours per response.						

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Derivative Security			Code		v	Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exercisa	able	Expiration Date	Derivative Security (Inst 3 and 4)  Amount or Number of Title Shares		nt er		Owned Following Reported Transactio (Instr. 4)	(1	or Indirect (I) (Instr. 4)	(Instr. 4)		
Security or Exercise (Instr. 3) Price of	Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Dee Execution		4. Transa	ransaction ode (Instr.		5. Number of Derivative Securities			sable and	7. Title and Amount of Securities Underlying		8. I De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiali	y C	10. Ownership Form: Direct (D)	Beneficial Ownership	
		Tal									osed of, onvertib				Owne	t	,			-
Common Stock			11/14/	/2022				G	V	525	Г	\$	0.00	12	122,316		D		ì	
Common Stock				11/10/2	2022				G	V	3,538		_	0.00	· ·			D		Ì
							,		Code	v	Amount	Amount (A) or		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Exe if an	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)				Securit Benefic	Amount of ecurities eneficially wned Following		: Direct Indirect	7. Nature of Indirect Beneficial Ownership		
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	icially	/ Own	ed				ı
(City)	(St	ate) (Ž	Zip)												Perso	л				ı
HOUST	ON ΤΣ	7	7002											Λ		orm filed by One Reporting Person orm filed by More than One Reporting				
(Street)					4. 11 /	Ameno	iment,	Date of	Ongina	II FIIEC	ı (MOHUI)Da	y/ rear;	, I	Line)						Ì
811 LOU	JISIANA, S	SUITE 2100			4 If /	mond	lmont	Doto of	Criaina	l Eilee	d (Month/Da	v/Voor)		6 Indi	vidual o	Joint/Grou	n Filina	r (Chook A	pplicable	Ì
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)									Office below	er (give title		Other (: below)	specify	ı		
Name and Address of Reporting Person     CRISP CHARLES R					Targa Resources Corp. [ TRGP ]									(Chec	k all app Direc	,		10% O	wner	1
<ol> <li>Name ar</li> </ol>	nd Address of	Reporting Person			2. ISS	uer iva	ame <b>a</b> ı	na lick	er or 112	aaing :	Symbol					of Reportin	ng Pers	son(s) to is	ssuer	

**Explanation of Responses:** 

Remarks:

/s/ Charles R. Crisp

11/22/2022

\*\* 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.