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 |
|---------------|-------------------------------------|
| $\overline{}$ | to Section 16. Form 4 or Form 5 |
| \cup | 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* Gregory Regina | | | | | 2. Issuer Name and Ticker or Trading Symbol Targa Resources Corp. [TRGP] | | | | | | | | | | k all app Direc | olicable) ctor | | | Owner |
|---|--|--|------------|---|---|--|---|---|------------------|--------|--|----------|--|-----------------------|--|---|-------------------------------|---|---------|
| (Last) 811 LOU | (Fii JISIANA, S | rst) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2023 | | | | | | | | | X | below) | | Other (sp below) emarks | | specify |
| (Street) | et) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 7) | 6. Indi Line) X | , | | | | |
| (City) | (St | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | ended to | | | | | | | |
| | | Table | I - No | n-Deriva | ive S | ecur | rities | Acq | uired, | Dis | posed of | , or E | Benefi | ciall | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | /Year) | Deemed ution Date, / th/Day/Year) | | Transaction Disposed C Code (Instr. 5) | | | ties Acquired (A l Of (D) (Instr. 3 | | 3, 4 and Sec Ber Ow | | Amount of curities neficially vned llowing | | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | | | | | | |
| Common Stock 07/15/2 | | | | | 2023 | | | | F | | 1,181 | D | \$7 | 8.03 4 | | 49,123 | | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5 | rative rities iired r osed) | 6. Date I Expiration (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 | | 8. Price o Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersl Form: y Direct (Dor Indire (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | r | | | | | |

Explanation of Responses:

Remarks:

Executive Vice President, General Counsel and Secretary

<u>/s/ Regina L. Gregory</u> <u>07/18/2023</u>

** Signature of Reporting Person Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.