FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasnington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT | OF CHANGES II | N BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|-----------|
| | | | |

| OMB APPRO | OVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| hours per response: | 0.5 |

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* JOYCE RENE R | | | | | | 2. Issuer Name and Ticker or Trading Symbol Targa Resources Corp. [TRGP] | | | | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | ting Person(s) to Issuer 10% Owner | |
|--|-------|----------------------|---|----------|---|---|-----------|---|---------------------------|--|-----------------------|--|--|---|---|---|--|--|--|
| (Last) | (Fi | rst) (SUITE 4300 | Middle) | | 3. Date of Earliest Trans 01/14/2017 | | | | nsaction (Month/Day/Year) | | | | | | Offic below | er (give title w) |) | Other below | (specify |
| (Street) HOUSTO | | | 77002 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | son | |
| | | Tabl | le I - No | on-Deriv | ative | Sec | curitie | s Ac | quired | l, Di | sposed o | f, or E | Benefi | cially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year | | Execution Date, | | Date, | Code (Ins | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5) | | | nd Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) c | Price | • | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common Stock | | | 01/14/2017 | | | | | F | | 1,345 | D | \$57 | 7.95 | 273,310 | | | D | | |
| Common | Stock | | | | | | | | | | | | | | 223 | 3,759 | | | See Footnote ⁽¹⁾ |
| Common Stock | | | | | | | | | | | | | | 561,292 | | | | See Footnote ⁽²⁾ | |
| | | Та | able II - | | | | | | | | osed of, convertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | on Date, | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exercion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | De Se (Ir | Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | | v | V (A) (D) | | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | |

Explanation of Responses:

- 1. These Shares are held by the Rene Joyce 2010 Grantor Retained Annuity Trust, of which Mr. Joyce and his spouse serve as co-trustees.
- 2. These Shares are held by the Kay P. Joyce Family Trust, of which Mr. Joyce's spouse serves as trustee.

Remarks:

/s/ Paul W. Chung, attorney-in-

<u>ct</u>

** Signature of Reporting Person

01/18/2017

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.