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 |
|-------------|------|-------|
| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|------------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden 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* Sparger John Robert | | | | 2. Issuer Name and Ticker or Trading Symbol Targa Resources Corp. [TRGP] | | | | | | | | | Check | all app | olicable) ctor | ng Perso | Person(s) to Issuer 10% Owner Other (spec | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------|-------|---------|-------------------------------------------------------------------|---------------------|-------------|-------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|------------|----|
| (Last) 1000 LO | (Fi UISIANA, | st) (SUITE 4300 | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2016 | | | | | | | | | X | X Officer (give title below) Senior VP and CAO | | | | | |
| (Street) HOUST(| | | 77002 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Yea | | | | | | | r) | | . Indivine) | ividual or Joint/Group Filing (Check Application Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on |
| | | Tabl | le I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | |
| Date | | | nsaction 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | and Securitie | | ties cially I Following | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | |) or) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Common Stock 06/30/ | | | | 2016 | | | | F | | 1,265 | | D | \$42 | .14 | 10 | 2,697 | I |) | |
| Common Stock | | | | | | | | | | | | | | 6,200 | | | I | By the Keltie B. Sparger 2009 Life Insurance Trust | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y O | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | Deemed 4. uution Date, / / /th/Day/Year) 8) | | ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | e Amount of Securities Underlying Derivative Security (In: and 4) | | str. 3 ount | Deri Sec | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or (I) | nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ John R. Sparger

07/01/2016

Date

** Signature of Reporting Person

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.