FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* SCOLA PAUL E | | | | | | 2. Issuer Name and Ticker or Trading Symbol RPX Corp [RPXC] | | | | | | | | (Check | all app | olicable) | g Person(s) to I: 10% C Other | |
|--|--|----|--------|--|------|--|-----|---|---------------|--|-----------------------|---------|--|------------------------|--|---|---|--|
| (Last) (First) (Middle) 1 MARKET PLAZA, STEUART TOWER, SUITE 800 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2014 | | | | | | | | X | X Office (give title below) Senior Vice President | | | |
| (Street) SAN FRANCISCO CA 94105 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | | Execution Date, | | 3. 4. Securities Disposed Of Code (Instr. 8) | | | | | d 5) Secu Bene Owne | | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 05/29/201 | | | | | | 14 | | S ⁽¹⁾ | | 3,509 | D | \$16.56 | 16.5691 ⁽²⁾ | | 2,951 | D | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | vned | | | ` |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | and nt of ties ying tive ty (Instr. 3 | Deriv Secu (Inst | | tive derivative ty Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

- 1. The transaction reported was effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person on February 27, 2014.
- 2. The price reported in column 4 is the weighted average price. The shares were sold in multiple transactions ranging from \$16.48 to \$16.68, inclusive. The Reporting Person hereby undertakes to provide to the SEC staff, the Issuer or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

Remarks:

Martin Roberts, Attorney-infact for Paul E. Scola

** Signature of Reporting Person

Date

05/30/2014

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

- * 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.