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 bu	rden								

	Check this box if no longer subject t
$\neg$	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(b) of the Investment Company Act of 1940

hours per response: 0.5

					UI	3666	1011 30(11)	or tire	iiivesiiiiei	it Coi	inpany Act	01 1940	0							
1. Name and Address of Reporting Person*  SWANK STEVEN S						2. Issuer Name <b>and</b> Ticker or Trading Symbol  RPX Corp [ RPXC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
5WAIN.	K SIEVI	21N 2					<u> </u>								Directo			10% Ov	· I	
(Loot)	(5)	irat	(Middle)		_										Officer below)	(give title		Other (s below)	specify	
(Last) (First) (Middle) C/O RPX CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 01/09/2015										Senior Vice President					
ONE MARKET PLAZA, STEUART TOWER STE.				"	01/03/2013															
800	HIXLI IL	izn, ordonic	TOWER	JIL.																
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)		led by One	Reno	rting Perso	,	
SAN	C.	A	94105													•		One Repo	I	
FRANCI	SCO		3 1103												Person		e man	Опе Кери	ung	
(City)	(S	tate)	(Zip)																	
		Tal	ole I - Non	ı-Deriv	ativ/	e Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficially	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.						Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)		Price	Reported Transacti (Instr. 3 a	tion(s)			(Instr. 4)		
			Table II - I												Owned	'		'		
			(	(e.g., p	uts,	call	s, warr	ants	, optior	ıs, c	onvertik	ole se	ecur	ities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title		Amount or Number of Shares						
Restricted Stock Units	(1)	01/09/2015			A		35,000		05/20/201	(2)	(2)	Comr		35,000	\$0	35,000	)	D		

#### **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of Issuer's common stock. The units were awarded at no cost to Reporting Person.
- 2. 6.25% of the stock units subject to the award will vest on this date and 6.25% of the shares subject to the award will vest in equal quarterly installments thereafter, provided that Reporting Person remains in continuous service through each vest date. The quarterly vest dates are February 20, May 20, August 20 and November 20.

## Remarks:

Martin Roberts, Attorney-in-Fact for Steven S. Swank

01/13/2015

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.