FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20049 |
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| | OMB APPROVAL | | | | | | | | | |
|-----|--------------|-------------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-028 | | | | | | | | |
| - 1 | | la constant | | | | | | | | |

37 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* Krans Gerard Pieter | | | | | | 2. Issuer Name and Ticker or Trading Symbol MRC GLOBAL INC. [MRC] | | | | | | | | | Relationsh heck all ap X Dire | plicable) | | Person(s) to Issuer 10% Owner | | |
|---|--|--|---|---------|---|---|--|---|---|-------|--------------------|---|--|--------|--|---|-------|---|--|--|
| (Last) (First) (Middle) FULBRIGHT TOWER | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2017 | | | | | | | | | Offic belo | cer (give title ow) | | Other (specify below) | | |
| 1301 MCKINNEY ST., SUITE 2300 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | ON T | ζ 7 | 77010 | | _ | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | /ative | Sec | uritie | es Aco | quired | , Dis | sposed o | f, or | Bene | ficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | y/Year) Exec | | A. Deemed kecution Date, any lonth/Day/Year) | | | | ies Acquired (A) o Of (D) (Instr. 3, 4 a | | | 5. Amo Securi Benefi Owned Report | ties cially Following | Form: | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | v | Amount | (A) (D) | or P | rice | Transa | action(s) 3 and 4) | | | (111511.4) | | | | |
| Common Stock 04/28/2 | | | | | /2017 | 017 | | | F | | 2,774 | D \$18 | | \$18.2 | 3 1 | 16,028 | | D | | |
| Common Stock | | | | | | | | | | | | | | 1,6 | 1,648,512 | | | See footnote ⁽¹⁾ | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | n Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | te | e Amo | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | y C | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Expiration Date | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. The shares of Common Stock reported above are owned by Mr. Krans through a limited liability company.

Remarks:

Ann D. Garnett, as attorney-in- 05/02/2017 fact

** Signature of Reporting Person

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.