FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| <i>N</i> ashington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | nuc. See | | Filed | | | | | | | ies Exchang mpany Act o | | f 1934 | | | hours | per re | esponse: | 0.5 |
|--|---|----------------------------------|--|----------------|---|--|-------------|---|--|-----------------------|----------------------------|--|---|--|---|---|---|--|---|
| 1. Name and Address of Reporting Person* McDonie Patrick J. | | | | | 2. Issuer Name and Ticker or Trading Symbol Targa Resources Corp. [TRGP] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) 811 LOU | ` | rst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/20/2022 X Officer (give title below) See Ren | | | | | | | | | | lemar | Other (specify below) marks | | | |
| (Street) | ON TX | C 7 | 7002 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | Perso | on | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or B | Benefic | cially | Own | ed | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Secu Bene Own | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | е | | ction(s) 3 and 4) | | | (iiisti. 4) |
| Common | Stock | | | 01/20/2 | 2022 | | | | A | | 15,782 | A | . \$0 | .00 | 21 | 17,440 D | | | |
| Common | Stock | | | 01/20/2 | 2022 | | | | A | | 39,596 | A | . \$0 | .00 | 257,036 D | | | | |
| Common | Stock | | | 01/20/2 | 2022 | | | | F | | 17,461 | D | \$5 | 5.56 | 6 239,575 D | | | | |
| Common | Stock | | | 01/20/2 | 2022 | | | | F | | 5,953 | D | \$5 | 5.56 | 56 233,622 D | | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Ex (Month/Day/Year) if a | Execut if any | cution Date, T | | 4. Transaction Code (Instr. 8) | | 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 (In: 3 and 4) | | Dei See (Ins | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numbe of Shares | - | | | | | |

Explanation of Responses:

Remarks:

President - Gathering and Processing

/s/ Patrick J. McDonie

01/24/2022

** 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.