## 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

| Check this box if no longers<br>to Section 16. Form 4 or Foi<br>obligations may continue. S<br>Instruction 1(b). | rm 5   | STATEM      | -iled pursu                | ant to S   | Sectior   | 16(a)   | of the S    | Securit            | ies Exchang   | e Act c   | of 1934                       | ERS  | HIP   | Estim  | Number<br>ated ave<br>per res | erage burde  | 235-0287<br>n<br>0.5                  |  |
|--|--|-------------|----------------------------|--|---|---|-------------|--------------------|---|---|-------------------------------|--|---|--|-------------------------------|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* PATERSON DAVID A (Last) (First) (Middle) 9320 LAKESIDE BOULEVARD        |  |             | 2. ls<br><u>NF</u><br>3. D | or Section 30(h) of the Investment Company Act of 1940         2. Issuer Name and Ticker or Trading Symbol         NEWPARK RESOURCES INC         3. Date of Earliest Transaction (Month/Day/Year)         05/15/2024 |   |   |             |                    |   |   |                               | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director 10% Owner<br>X Officer (give title X Other (specify<br>below)<br>VP & President, Fluids Systems / VP &<br>President, Fluids Systems |   |  |                               | vner<br>specify  |                                       |  |
| SUITE 100<br>(Street)<br>THE<br>WOODLANDS TX   | 77   | 77381       |                            | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |   |   |             |                    |   |   |                               | Line)  | 6. Individual or Joint/Group Filing (Check Applicable |  |                               |  |                                       |  |
| (City) (State)   | City) (State) (Zip)  |             |                            |  | Rule 10b5-1(c) Transaction Indication            Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |             |                    |   |   |                               |  |   |  |                               |  |                                       |  |
|  | Table  | I - Non-Dei | rivative                   | Secu   | rities  | Acq   | uired       | , Dis              | posed of  | , or E  | Benef                         | iciall   | y Own   | ed   |                               |  |                                       |  |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/Da   |  |             | nsaction<br>h/Day/Year     | Execution  |   | Date,   | Transaction |                    | 4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5) |   | 4 and Secur<br>Benet<br>Owner |  | cially<br>Following                                   | Form:  | Direct<br>Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |  |
|  |  |             |                            |  |   |   | Code        | v                  | Amount  | (A)<br>(D)  |                               | ice  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)        |  |                               |  | (Instr. 4)                            |  |
| Common Stock   |  | 05/         | 15/2024                    | /2024  |   |   |             |                    | 47,767(1  | ) [   | A   :                         | \$0.0  | 31  | 15,779   |                               | D  |                                       |  |
| Derivative Conversion Date   | itle of 2. 3. Transaction 3A. D<br>ivative Conversion Date Exec<br>urity or Exercise (Month/Day/Year) (Mon<br>Derivative (Month/Day/Year) (Mon |             | e, 4.<br>Code              | s, calls, v<br>Transaction<br>Code (Instr.   |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed |             | ns, c              | convertib   | or Beneficia<br>le securitie<br>7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                               | es)<br>8.<br>De<br>Se<br>(Ir   | Owned<br>Price of<br>privative<br>courity<br>str. 5)  | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported | y C                           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |             | Code                       | of (D)<br>(Instr. 3, 4<br>and 5)   |   |   |             | Expiration<br>Date | Title   | Amou<br>or<br>Numb<br>of<br>Share   | er                            |  | Transactio<br>(Instr. 4)                              | n(s)   |                               |  |                                       |  |
| Explanation of Responses:  |  |             | -                          | <u> </u>   | (A)   | (D)   | 1           |                    |   |   | Share                         | <u> </u>   |   |  |                               |  |                                       |  |

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| By: M. Celeste Fruge For: |            |
|---------------------------|------------|
| David Andrew Paterson     | 05/17/2024 |

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.