

Gulf Coast Ultra Deep Royalty Trust  
 Form 3  
 August 07, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement		3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Fortress Investment Group LLC			(Month/Day/Year)		Gulf Coast Ultra Deep Royalty Trust [GULTU]	
(Last)	(First)	(Middle)	07/31/2015			
1345 AVENUE OF THE AMERICAS,Â 46TH FLOOR					4. Relationship of Reporting Person(s) to Issuer	
(Street)					5. If Amendment, Date Original Filed(Month/Day/Year)	
NEW YORK,Â NYÂ 10105					(Check all applicable)	
(City)	(State)	(Zip)			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)	
					6. Individual or Joint/Group Filing(Check Applicable Line)	
					<input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of			

Shares  
or Indirect  
(I)  
(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Fortress Investment Group LLC 1345 AVENUE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10105	^	^ X	^	^
FIG Corp. 1345 AVENUE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10105	^	^ X	^	^
FIG LLC 1345 AVENUE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10105	^	^ X	^	^
Fortress Operating Entity I LP 1345 AVENUE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10105	^	^ X	^	^
Fortress MK Advisors LLC 1345 AVENUE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10105	^	^ X	^	^

## Signatures

/s/ David N. Brooks, Secretary	08/05/2015
**Signature of Reporting Person	Date
/s/ David N. Brooks, Secretary	08/05/2015
**Signature of Reporting Person	Date
/s/ David N. Brooks, Secretary	08/05/2015
**Signature of Reporting Person	Date
/s/ David N. Brooks, Secretary	08/05/2015
**Signature of Reporting Person	Date
/s/ David N. Brooks, Authorized Signatory	08/05/2015
**Signature of Reporting Person	Date

## Explanation of Responses:

### No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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### Remarks:

No^ securities^ beneficially^ owned.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.