UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESM

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

OMB	APP	ROVAL	

OMB Number:

3235-0104

December 31,

Expires: Estimated average burden

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1. Name and Address of Reporting Person*	2. Date of Event Requiring Statement (Month/Day/Year) 11/20/2013	3. Issuer Name and Ticker or Trading Symbol Petro River Oil Corp. [(PTRC.QB)]				
Williky Gary		4. Relationship of Reporting Person(s) to Issuer 5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Last) (First) (Middle) C/O PETRO RIVER OIL CORP., 1980 POST OAK BLVD., SUITE 2020 (Street) HOUSTON TX 77056 (City) (State) (Zip)		Director Other X Officer (give title below) EVP, Business Development Other (specify below) EVP, Business Development Other (specify below) Form filed by One Reporting Person 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 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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1. Title of Derivative Security (Instr. 4)	Exercisable and Se		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership
	Date Exercisable	Expiration Date	Title	Amount or Number of SharesM	Price of Derivative Security	or Indirect (I) (Instr. 5)	(Instr. 5)

Explanation of Responses:

No securities are beneficially owned

/s/ Gary Williky 12/05/2013
** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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). Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.