FORM 4

obligations may continue. See

Check this box if no longer subject to Section 16. Form 4 or Form 5

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 hours per response: 0.5

Instruction 1(b).					d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								34		hours	per re	sponse:	0.5	
					or Sect	ion 30(h) of the	e Inves	stment	Com	npany Act	t of 19	940							
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol CHEVRON CORP CVX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Blackwell James R.					CHEVROIV CORT [CVX]								`	Direct			10% O		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/19/2011									helow)	(give title secutive Vice F		Other (below) President	specify	
6001 BOI	LLINGER	CANYON ROA	AD																
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN RAMON CA 94583													X Form filed by One Reporting Person						
(City)	(S									Form filed by More than One Reporting Person									
		Tab	le I - Non	-Deriva	ative Se	curities Ac	cqui	red,	Disp	osed o	of, o	r Ben	eficial	ly Owne	t				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Benefic Owned	es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							c	Code	v	Amount	:	(A) or (D) Pric		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		1				urities Acq s, warrants								Owned					
Derivative Security (Instr. 3)	e Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deemee Execution I if any (Month/Day	Date, Transaction Code (Instr.			6. Date Exercisal Expiration Date (Month/Day/Year				le and 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	

Explanation of Responses:

Phantom

Phantom

Phantom

Stock

Stock

Stock

(1)

(1)

(1)

1. The shares of phantom stock, which are issued under the Chevron Deferred Compensation Plan for Management Employees II, become payable in common stock upon the reporting person's termination of

(Instr. 3, 4 and 5)

(D)

Exercisable

(1)

(1)

(1)

(A)

0.431

0.866

0.85

2. This number includes dividend equivalent accruals (13) since March 1, 2011, under the Chevron Deferred Compensation Plan for Management Employees II.

Code ٧

Ι

I

I

3. This number includes dividend equivalent accruals (15) since May 19, 2011, under the Chevron Deferred Compensation Plan for Management Employees II.

Christopher A. Butner on behalf of James R. Blackwell

Title

Commor

Stock

Commor

Stock

Common

Stock

Expiration

(1)

(1)

(1)

Date

Amount Number of Shares

0.431

0.866

0.85

\$103.86

\$99.79

\$101.65

06/23/2011

** Signature of Reporting Person

Date

(Instr. 4)

1,796.431⁽²⁾

1.797.297

1,812.297(3)

D

D

D

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).

05/19/2011

06/06/2011

06/21/2011

** 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.