FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | ٨٤ | | | | | | | |

| 1. Name and Address of Reporting Person* SHARER KEVIN W | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHEVRON CORP [CVX] | | | | | | | | | ck all appl | tionship of Reportin all applicable) Director | | son(s) to Iss 10% Ov | |
|---|---|--|---|--------|--|--|--------------|---------|---------------------------------------|---------|------------------|--|--|--------|---|---|-----|--|---|
| (Last) ONE AN | (F MGEN CEI | | 3. Date of Earliest Transaction (Month/Day/Year) 08/27/2010 | | | | | | | | | | Officer (give title below) | | Other (sbelow) | specify | | | |
| (Street) THOUS | | | 91320 | | 4. II | f Amer | ndmen | t, Date | e of Origina | l Filed | I (Month/E | Day/Year) | | 6. Inc | Form | Joint/Group filed by One filed by More n | Rep | orting Perso | on |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | uriti | es A | cquired | Dis | posed | of, or B | enef | iciall | y Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ar) E | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | | | | Securiti Benefic | Amount of ecurities eneficially wned Following eported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amoun | t (A) or (D) | | rice | Transac (Instr. 3 | ction(s) | | | , , , |
| | | Т | able II - [| | | | | | quired, C s, optio | | | | | | Owned | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Ex Expiration (Month/Da | Date | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | . Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | |
| Phantom Stock ⁽¹⁾ | \$0 ⁽²⁾ | 08/27/2010 | | | I | | 387 | | (1) | | (1) | Common Stock | 38 | 37 | \$74.9098 | 5,030 ⁽³⁾ | | D | |

Explanation of Responses:

- 1. The shares of phantom stock issued under the Chevron Non-Employee Directors' Equity Compensation and Deferral Plan become payable in common stock upon the reporting person's termination of service.
- 2. 1-for-1
- 3. This number includes dividend equivalent accruals (41) under the Chevron Non-Employee Directors' Equity Compensation and Deferral Plan.

Christopher A. Butner on 08/31/2010 behalf of Kevin W. Sharer

** 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.