FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
vvaoriirigiori,	D.O. 20040

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	ourden							
houre per recognese:	0.5							

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

1. Name and Address of Reporting Person* Geagea Joseph C						2. Issuer Name and Ticker or Trading Symbol CHEVRON CORP [CVX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 6001 BOLLINGER CANYON ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/02/2015									Officer (give title below) Executive Vice I			Other (s			
(Street) SAN RAMON CA 94583				4.	If Ame	ndmei	nt, Date	of Orig	inal Fil	ed (Month/Da		. Indiv ine) X					n				
(City)	(5	State)	(Zip)											Person							
		Tak	ole I - I	Non-Deri	ivativ	e Sec	curit	ies A	cquire	ed, D	isposed o	of, or Be	eneficia	ally (Owned						
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da		Exec if any	A. Deemed execution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		(A) or 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	unt (A) or Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock			11/02/2015					M		14,000	A	\$56.6	63	14	,000		D				
Common	Common Stock		11/02/2015				S		14,000	D	\$95.108	184(1)		0		D					
Common	Stock														20,472(2)			I	by 401(k) plan		
Common Stock												2,500		500		,	By Geagea Family Trust				
			Table								posed of, converti				wned		<u>'</u>	<u> </u>			
1. Title of Derivative Security (Instr. 3) 2. Conversi or Exerci Price of Derivativ Security		ercise (Month/Day/Year of ative		emed ion Date, /Day/Year)	4. Transa Code (8)			Expira	te Exer ation D th/Day/			ities ng re Security	Derivat Securit		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	er							
Non- Qualified Stock Option (Right to	\$56.63	11/02/2015			М			14,000	(3)	03/23/2016	Common Stock	14,00	0	\$0	0		D			

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$95.05 to \$95.14. The price reported above reflects the weighted-average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 2. Between August 25, 2015 and November 2, 2015, the reporting person acquired 286 shares of Chevron Corporation common stock under the Chevron Employee Savings Investment Plan, a 401(k) plan.
- 3. Option granted 3/23/2006. One-third of the shares subject to the option vested on each of the first, second and third anniversaries of the date of grant.

Christopher A. Butner on behalf of Joseph C. Geagea

11/03/2015

** 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.