FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| VVa | ashing | ton, D | .C. | 2054 | 9 |
|-----|--------|--------|-----|------|---|
| | | | | | |

| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|-----------|----|---------|----|------------|-----------|
| | | | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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* WARNER CYNTHIA J | | | | | 2. Issuer Name and Ticker or Trading Symbol CHEVRON CORP [CVX] | | | | | | | | | ationship k all appli | of Reporting Person(s) to Issuer icable) | | uer | |
|--|--|------------|----------|------|---|-----|--|---|---|--|---------------------|---|---|---|--|--|--|---------------------------------------|
| | | | | - | CHETTON COM [CVA] | | | | | | | | X | Directo | or | | 10% Ov | vner |
| (Last) 6001 BO | ` | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2023 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| | | | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SAN RA | MON C | A | 94583 | | | | | | | | | | X | | • | | orting Person | |
| (City) | (5 | State) | (Zip) | _ | | | | | | | | | | Persoi | | | | 9 |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Disposed Of (D Code (Instr. 5) | | | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Price | | • | Transact | ransaction(s) Instr. 3 and 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | | Code | ransaction of ode (Instr. Deriv | | | Expiration Datitive (Month/Day/Ye ties ed | | e Amount of | | f g Security | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | r | | | | | |
| Phantom Stock ⁽¹⁾ | (2) | 02/27/2023 | | I | | 23 | | (1) | | (1) | Common Stock | 23 | | \$162.82 | 54 | | 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

/s/ Rose Z. Pierson, Attorneyin-Fact for Cynthia J. Warner

03/01/2023

** 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.