SEC For	m 4																			
	FORM	<b>N</b> 4	, I	JNITED	) STA	TES S						NG	SE CO	OMM	ISSION	I			1	
							Washington, D.C. 20549										OMB APPROVAL			
Check this box if no longer subject to STATEMEN					NT OF	CHANG	IN E	BEN	IEFIC	NER	SHIP	11 -	OMB Number: 3235-02 Estimated average burden							
	ions may co tion 1(b).	ontinu	e. See		File		t to Section 16( tion 30(h) of the							34		h	ours per	response:	0.5	
1. Name and Address of Reporting Person* MOORMAN CHARLES W						er Name <b>and</b> Ti VRON CC			Symbol	(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
						3 Date	of Earliest Tran	16.20	tion (M	onth/[				-						
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024									Officer (give title Other (specify below) below)				
6001 BOLLINGER CANYON ROAD					4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form	filed by	One Re	eporting Pers	on	
SAN RAMON CA 94583														Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rule	Rule 10b5-1(c) Transaction Indication														
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended t satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ed to			
			Tabl	le I - Nor	-Deriv	ative S	ecurities Ac	cqu	uired,	Dis	oosed	of, o	or Ben	eficial	ly Owne	d				
Date					2. Transa Date (Month/D		2A. Deemed Execution Date if any (Month/Day/Yea	»,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)						Foi (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Transa	ction(s) and 4)			(1130.4)	
			Т				curities Acq lls, warrants								v Owned					
1. Title of Derivative Security	2. Conversi or Exerci	on 📗	. Transaction Jate Secution Date, Month/Day/Year) if any			4. Transactic Code (Inst		Exp	Date Ex piration onth/Da	Date	Amount of				8. Price of Derivative Security Security			10. Ownership Form:	11. Nature of Indirect Beneficial	

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)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Phar Stoc		(2)	03/04/2024		Ι		304		(1)	(1)	Common Stock	304	\$148.88	16,412 <sup>(3)</sup>	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 (164) under the Chevron Non-Employee Directors' Equity Compensation and Deferral Plan.

 /s/ Rose Z. Pierson, Attorney 

 in-Fact for Charles W.
 03/06/2024

 Moorman

 \*\* Signature of Reporting Person
 Date

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

 $^{\ast}$  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.