FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| vvasimigton, | D.O. 20 | 00-0 | |
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OMB APPROVAL 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* <u>Yarrington Patricia E</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHEVRON CORP [CVX] | | | | | | | | | | | k all applica Director | ationship of Reporting all applicable) Director | | 10% Ow | ner |
| (Last) 6001 BO | ` | First) CANYON ROA | (Middle) | | 3. Date of Earliest Transacti 05/11/2018 | | | | | | nth/D | ay/Year) | | | | X | below) | Officer (give title below) VP & Chief Fire | | Other (s below) ial Officer | |
| (Street) SAN RAMON CA 94583 | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | | | | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | Person | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/L) | | | | | nsactio | | | <u>,</u> | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | or | 5. Amoun Securities Beneficia Owned Fo | s lly ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | ice | Reported Transacti (Instr. 3 a | on(s) | | | Instr. 4) |
| Common Stock 05/11 | | | | | 11/20 | 18 | | | М | | 135,00 | 135,000 A | | \$ | 73.7 | 139,838 | | | D | | |
| Common Stock 05/1 | | | | | 11/20 | 2018 | | | S | | 135,000 D | | \$ | S130 | 4,838 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | | 15,216(1) | | | I | oy 401(k) olan |
| | | | Table II - | | | | | | | | | sed of, onverti | | | | | wned | | | , | , |
| 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 | ate, T | 4. Transaction Code (Instr.) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e (Castella Castella | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (A) (D) | | te ercisable | | xpiration ate | Title | | Amou or Numb of Sha | er | | (Instr. 4) | ion(s) | | |
| Non- Qualified Stock Option (Right to | \$73.7 | 05/11/2018 | | | М | | | 135,000 | | (2) | 0: | 1/27/2020 | | nmon ock | 135, | 000 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. Between November 22, 2017 and May 11, 2018, the reporting person acquired 755 shares of Chevron Corporation common stock under the Chevron Employee Savings Investment Plan, a 401(k) plan.
- 2. Option granted 1/27/2010. One-third of the shares subject to the option vested on each of the first, second and third anniversaries of the date of grant.

/s/ Christine L. Cavallo,

Attorney-in-Fact for Patricia E. 05/15/2018

Yarrington

** 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.