FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

hours per response:

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* GAST ALICE P | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHEVRON CORP [CVX] | | | | | | | | | check a | | o of Reporting Person(s) to Issuer plicable) etor 10% Owne | | | | |
|---|--|---|----------------|------------------------|-----------------|--|--|--|---|--------------------|-------------------|---|-------|----------------------|------------------------------------|--------------------------|--|---|---|--|--|
| (Last) (First) (Middle) 6001 BOLLINGER CANYON ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2019 | | | | | | | | | | Officer below) | r (give title) | | Other (below) | specify | |
| (Street) SAN RA (City) | | | 94583 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) | Form | I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | 3. 4. Securities Acquired (A) Transaction Code (Instr. 8) 5. | | | | | | 4 and Secur Benef | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | . т | Transaction(s) (Instr. 3 and 4) | | | | (111511. 4) | | |
| Common Stock 05/ | | | | 05/29 | /2019 | | | A | | 1,901 ⁰ | (1) | A \$0 | |) | 16,077 ⁽²⁾ | | D | | | | |
| | 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) | | Conversion Date Execution Date, or Exercise (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year) | | Date, ny/Year) - | | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired osed . 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | nt er | | 9. Number o derivative Securities Securities Geneficially Owned Following Reported Transaction (Instr. 4) | Owne Form Direc or Inc (I) (In: | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. This number represents stock units issued under the Chevron Corporation Non-Employee Directors' Equity Compensation and Deferral Plan.
- 2. This number includes the acquisition of dividend equivalent accruals on stock units (410) issued under the Chevron Corporation Non-Employee Directors' Equity Compensation and Deferral Plan.

/s/ Christine L. Cavallo,

Attorney-in-Fact for Alice P. 05/31/2019

Gast

** 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.