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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|) | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) |
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| | Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | | | |
| hours per response. | 0.5 | | | | | | | | | | |

| hours per response: | 0.5 |
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| 1. Name and Address of Reporting Person [*] MOORMAN CHARLES W | | | | 2. Issuer Name and Ticker or Trading Symbol <u>CHEVRON CORP</u> [CVX] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|------------------------|--|--|---|---|--|---|-------------------|---|---|--|---|------------|--|--|
| (Last) 6001 BOLLING | (First) ER CANYON R | (Middle) OAD | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2018 | | | | | | | Officer (give title below) | | (specify | | |
| (Street) SAN RAMON (City) | CA (State) | 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 Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Date) | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3.4. Securities Acquired (ATransaction Code (Instr. 8)Disposed Of (D) (Instr. 3, 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 (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 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 | | | | |
| Phantom Stock ⁽¹⁾ | (2) | 05/25/2018 | | Ι | | 358 | | (1) | (1) | Common Stock | 358 | \$122.19 | 9,288 ⁽³⁾ | 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 (82) under the Chevron Non-Employee Directors' Equity Compensation and Deferral Plan.

<u>/s/ Christine L. Cavallo,</u> <u>Attorney-in-Fact for Charles</u> 05/29/2018 <u>W. Moorman</u>

** 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.