FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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

					OI	Sectio	III 30(II) 0	ıııeı	iiivesiiilei	it CO	mpany Act c	JI 1940							
Name and Address of Reporting Person* DELL'OSSO DOMENIC J JR					2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE ENERGY CORP [CHK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DELL OSSO DOMENIC J JR												-	•	X	Director			10% Ow	ner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							X	Officer (below)	give title		Other (s below)	pecify		
6100 N. WESTERN AVE.					03/	03/15/2024								President and CEO					
(Stroot)	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street)	N. f. A													X	Form fil	ed by One	Repo	rting Person	
CITY	OK OK	7	3118												Form fil Person	ed by Mor	e than	One Report	ing
(City)	(Sta	ite) (Ž	Zip)		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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									o satisfy					
		Tab	le I - No	n-Deriv	ative	Sec	urities	Acc	quired,	Dis	posed of	f, or B	enef	icially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/It				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) I Of (D) (Instr. 3, 4		4 and 5) Securitie Beneficia Owned F		s Ily ollowing	Form	: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	r P	rice	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock				03/15	3/15/2024				F		4,799(1) D		\$83.47		40,541		D	
Common Stock 03				03/15	3/15/2024				A		16,970 A			\$ <mark>0</mark>	57,511		D		
		Т									osed of,				Owned				
				(e.g., p	outs,	calls	, warra	ints,	option	1S, (onvertib	ie sec	uriti	es)					
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)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e C s F ally C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	or Nu of	ımber					
Performance Share Unit	(2)	03/15/2024			A		50,909		(2)		03/15/2027	Common Stock 50),909	\$0	50,909		D	

Explanation of Responses:

- 1. These shares were forfeited to the issuer to satisfy tax withholding obligations in connection with the partial vesting of a previously disclosed restricted stock award.
- 2. Each performance share unit represents a contingent right to receive from zero to two shares of Chesapeake common stock, depending on the achievement of volume weighted average stock prices over the applicable performance period.

Remarks:

<u>J. David Hershberger For:</u> <u>DOMENIC J. DELL'OSSO, JR.</u> 03/19/2024

** 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.