FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vasilington,	D.C.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWN
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 193
	or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* BUERGLER WILLIAM M						2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE ENERGY CORP [CHKAQ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)					
(Last) (First) (Middle) 6100 N. WESTERN AVE.							of Earli 2020	iest Trar	saction	Mont	h/D	ay/Year)			below) SVP &	Chief A	ccoun	below)	cer		
(Street) OKLAH CITY	OMA O	K	73118		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								
(City)	(S		(Zip)													-					
1. Title of Security (Instr. 3) 2. T			2. Transa	. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Tran	3. Transaction Code (Instr. 8) 4. Sec Dispo					Ť	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Cod			Amount	(A) or (D)		Reported Transaction(s) (Instr. 3 and 4)		tion(s)			(Instr. 4)		
Common Stock			05/05	5/2020				D			5,811	1) D	\$()	1,536(2		D				
Common Stock															35	53 ⁽²⁾		I	by Trust		
Common Stock			09/25	25/2020				S			943	D	\$4.3	62	5	93		D			
Common Stock 09/25			/2020		S			353	D	\$4.3	62	2 0		I		by Trust					
		٦	Гable II -									sed of, onvertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) e of vative		Date,	I. Fransaction Code (Instr. 3)		n of		Expirat	6. Date Exercis. Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	E) Dá	opiration	Title	Amoun or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$1,090	05/05/2020 ⁽³⁾			D			118 ⁽³⁾	03/15/	2018	03	8/15/2027	Common Stock	118(4)		\$0	0		D		
Non- Qualified Stock Option (right to	\$602	05/05/2020 ⁽³⁾			D			694 ⁽³⁾	03/19/2	2019	03	3/19/2028	Common Stock	694(4)		\$0	0		D		

Explanation of Responses:

- 1. Reflects the forfeiture of 100% of the Reporting Person's outstanding restricted stock units, as disclosed in the Issuer's Current Report on Form 8-K filed with the SEC on May 8, 2020.
- 2. Reflects the effect of a 1-for-200 reverse stock split effective as of April 14, 2020, as disclosed in the Issuer's Form 10-K/A filed with the SEC on April 29, 2020 and in other SEC filings.
- 3. Reflects an adjustment to the Reporting Person's non-qualified stock options, including the exercise price and number of underlying common shares, resulting from the Issuer's 1-for-200 reverse stock split effective as of April 14, 2020.
- $4.\ Reflects\ the\ for feiture\ of\ 100\%\ of\ the\ Reporting\ Person's\ outstanding\ non-qualified\ stock\ options.$

Remarks:

buy)

J. David Hershberger For: WILLIAM M. BUERGLER

09/29/2020

** 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.