FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Householder Jeffry M  (Last) (First) (Middle)  909 SILVER LAKE BLVD  (Street) DOVER DE 19904				3. Da 02/2	2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE UTILITIES CORP [ CPK ]  3. Date of Earliest Transaction (Month/Day/Year) 02/25/2020  4. If Amendment, Date of Original Filed (Month/Day/Year) 02/27/2020									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     X Officer (give title Other (specify below))     President & CEO      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting				
(City)	(Sta	ate) (Ž	Zip)												Perso	on		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	or E	Benef	icially	Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Dat			Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			and Securities Beneficia		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or Pr	ice	Transaction(s) (Instr. 3 and 4)			(111341.4)
Common Stock 02/25/2				020			F		1,036(1)	D \$9		94.64	18,570(2)(3)		D			
Common Stock															220	I	401k Plan	
	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)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er				

## **Explanation of Responses:**

- 1. As reported on February 27, 2020, 5,125 shares of common stock were earned pursuant to a performance share agreement in place with the reporting individual. The reporting individual previously elected to receive a portion of the award in deferred stock units in lieu of shares. Accordingly, 2,563 deferred stock units were granted, 1,036 shares of Chesapeake stock were utilized to satisfy the tax liability associated with incentive award with the remaining 1,526 shares of Chesapeake common stock issued to the reporting person (2,563 deferred stock units + 1,036 shares to cover the tax liability + 1,526 issued to the reporting individual = 5,125 total shares comprising the incentive award).
- 2. Also reported on February 27, 2020, the total number of shares stated was 19,826 but inadvertently included the 220 shares held in the 401k Plan. The 18,570 shares now shown in column 5 reflects the correction
- 3. Includes 20,821 deferred stock units that will be settled on a one-for-one basis in common stock.

Beth W. Cooper, by Power of

02/10/2021

**Attorney** 

\*\* 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.