## FORM 5

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number: 3235-0362								
Estimated average burden								
hours per response: 1.0								

Form 3 Holdings Reported.

Form 4 Transactions Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

ieu.	or Section 30(h) of the Investment Company Act of 1940						
orting Person <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE UTILITIES CORP [ CPK	Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     10% Owner					
(Middle)		X	below)	Other (specify below)			
` ,	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020		Executive VP	& CFO			
ULEVARD							
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fili	ng (Check Applicable			
10004		X	Form filed by One Re	porting Person			
			Form filed by More th Person	an One Reporting			
(Zip)							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
	(Middle) TIES CORPORATION ULEVARD  19904 (Zip)	criting Person*  (Middle)  CHESAPEAKE UTILITIES CORP [ CPK ]  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020  4. If Amendment, Date of Original Filed (Month/Day/Year)  (Zip)	orting Person*  (Middle)  (Middle)  CHESAPEAKE UTILITIES CORP [ CPK   ]  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  12/31/2020  4. If Amendment, Date of Original Filed (Month/Day/Year)  (Zip)  (Zip)	orting Person*  (Middle)  (Middle)  (IES CORPORATION  ULEVARD  (Zip)  (Middle)  (Middle)  (Middle)  (Middle)  (All f Amendment, Date of Original Filed (Month/Day/Year)  (Zip)  (Middle)  (All f Amendment, Date of Original Filed (Month/Day/Year)  (Zip)  (Deck all applicable)  Director  X Officer (give title below)  Executive VP  (Check all applicable)  Director  X Officer (give title below)  Executive VP  (Check all applicable)  Director  X Officer (give title below)  Executive VP  (All f Amendment, Date of Original Filed (Month/Day/Year)  (Zip)			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities A Of (D) (Instr. 3,		A) or Disposed	5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect Beneficial
		(Month/Day/Year)	8)	Amount	(A) or (D)	Price	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	03/05/2020		L	2(1)	A	\$94.625	67,345	D	
Common Stock	04/06/2020		J	326(2)	A	\$83.04	67,671	D	
Common Stock	04/06/2020		L	3(1)	A	\$83.04	67,674	D	
Common Stock	05/05/2020		L	2(1)	A	\$87.39	67,676	D	
Common Stock	06/05/2020		L	2(1)	A	\$90.75	67,678	D	
Common Stock	07/06/2020		J	350 <sup>(2)</sup>	A	\$85.2567	68,028	D	
Common Stock	07/06/2020		L	2(1)	A	\$85.2567	68,030	D	
Common Stock	08/05/2020		L	2(1)	A	\$84.2258	68,032	D	
Common Stock	09/08/2020		L	3 <sup>(1)</sup>	A	\$79.84	68,035	D	
Common Stock	10/05/2020		J	354(2)	A	\$84.755	68,389	D	
Common Stock	10/05/2020		L	2(1)	A	\$84.755	68,391	D	
Common Stock	11/05/2020		L	2 <sup>(1)</sup>	A	\$101.69	68,393	D	
Common Stock	12/07/2020		L	2(1)	A	\$103.785	68,395 <sup>(3)</sup>	D	
Common Stock							12,676(4)	I	401k Plan

		Tal			ired, Disposed of, options, convertib		•	d .
. Title of	2.		3A. Deemed	4.	6. Date Exercisable and	7. Title and	8. Price of	

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)	of Expiration		Expiration Date (Month/Day/Year) titles red seed 3, 4		Expiration Date (Month/Day/Year)  Securities (Month/Day/Year)  Quiried or posed DD erivative Security (Instr. 5)  Security (Instr. 5)  Derivative Security (Instr. 5)  Derivative Security (Instr. 5)  Security (Instr. 5)  Owned Following Reported Transaction(s) (Instr. 4)		Expiration Date Amount of Securities Underlying Derivative Security (Instr.		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## **Explanation of Responses:**

- 1. Shares acquired by the reporting person since last filing under Chesapeake Utilities Corporation's Dividend Reinvestment and Direct Stock Purchase Plan.
- 2. Shares acquired by the reporting person since last filing through reinvestment of dividends under Chesapeake Utilities Corporation's Dividend Reinvestment and Direct Stock Purchase Plan.
- 3. Includes 21,138 deferred stock units, of which 317 were acquired by the reporting person since the last filing through reinvestment of dividends pursuant to a dividend reinvestment plan. Deferred stock units will be settled on a one-for-one basis in common stock.
- 4. Includes 71 shares of common stock that the reporting person acquired under the 401k Plan via an employer supplemental contribution that was funded in shares of Chesapeake Utilities Corporation common stock in May 2020. Dividends payable on 401k Plan shares were reinvested to purchase 192 additional shares of Chesapeake Utilities Corporation common stock since last filing.

Beth W. Cooper

02/16/2021

\*\* 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.