FORM 4

Check this box if no

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

longer subject to	STATE
or Form 5	
ntinue See	

EMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Section 16. Form 4 obligations may con Instruction 1(b) 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* Moriarty James F					2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE UTILITIES CORP [CPK]											all app	licable) tor		Owner	
(Last) 909 SILV	(Fii ER LAKE	rst) (BOULEVARD	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/07/2019										X	belov	cer (give title Other (specify below) ecutive VP & Gen Counsel)`	
(Street) DOVER (City)	DI (St		.9904 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transa Date						Execution Date,			3. 4. Secur Transaction Dispose			of, or Beneficially ties Acquired (A) or d Of (D) (Instr. 3, 4 and				5. Amount of Securities		6. Ownership Form: Direct	7. Nature of Indirect Beneficial	
				(Month/Da	ay/rear)	if any (Month/Day/Year)		Code (8)	v	5) Amount	_	(A) or (D)	Or Price		Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock				01/07/	2019			L		25 ⁽¹⁾		A	\$8	1.93	2	2,309	D			
Common	Stock			01/07/	2019				J		10(2)		A	\$8	1.93	3 2,319 D				
Common	Stock			02/05/	2019				L		23(1)		A	\$	38.7	3.7 2,342 D				
Common	Stock			02/26/	2019				A		3,218	3)	A	\$9	0.69	9 5,560 D				
Common	Stock															188 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 (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)				Date,	5. Number of of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Instr. and 4)			Deri Seci (Inst	vative derivative Securities Beneficiall Owned Following Reported	Securities Beneficially Owned Following Reported Transaction	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code V (A) (D) Exercise le Expiration		Titl	or Nu of	nount mber													

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 for the reporting person since last filing through reinvestment of dividends under Chesapeake Utilities Corporation's Dividend Reinvestment and Direct Stock Purchase Plan
- 3. A portion of these shares will be withheld to account for the payment of the tax liability associated with the issuance of the shares. Such tax liability has not been determined. The tax liability, when determined, will be reflected on an amendment to this Form 4 or a subsequently filed Form 4.

Beth W. Cooper, by Power of

02/28/2019

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.