## FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| hington, D.C. 20549      | OMB APPROVAL             |           |  |  |  |  |
|--------------------------|--------------------------|-----------|--|--|--|--|
| OF CHANGES IN BENEFICIAL | OMB Number:              | 3235-0362 |  |  |  |  |
| WALEDOLUB                | Estimated average burden |           |  |  |  |  |

hours per response:

1.0

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

Form 3 Holdings Reported.

**ANNUAL STATEMENT OWNERSHIP** 

| Name and Address of Reporting Person*     Webber Kevin J              |                  | 2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE UTILITIES CORP |                        |   |  |              |                   | 5. Relationship of Reporting Per<br>(Check all applicable)<br>Director |           |   | 10% Owner  |  |        |                             |     |
|---|------------------|---|------------------------|---|--|--------------|-------------------|--|-----------|---|--|--|--------|-----------------------------|-----|
| (Last)<br>909 SILV  | (Fii<br>VER LAKE | ,   | Middle)                | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020 |  |              |                   |  | y/Year)   | X   | X Officer (give title below) Other (specibelow)  Senior Vice President |  |        |                             |     |
| (Street)  DOVER  (City)   | DI<br>(St        |   | 9904<br>Zip)           | 4. If Amendr  | ment, D                                      | Date of Orig | inal Filed (Month | ı/Day/Ye   |           | i. Indivine)                                | Form   | filed by O                                 | ne Rep | ng (Check /<br>porting Pers | son |
|   |                  | Table   | I - Non-Deriva         | ative Secur   | rities                                       | Acquire      | d, Disposed       | of, or   | Benefic   | ially                                       | / Own  | ed   |        |                             |     |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |                  |   | Execution Date, if any |   | Date, Transaction Of (D) (Instr. 3, 4 and 5) |              | A) or Dispos      | 5. Amount of<br>Securities<br>Beneficially<br>Owned at end of          |           | 6.<br>Ownership<br>Form: Direct             |  | 7. Nature of Indirect Beneficial Ownership |        |                             |     |
|   |                  |   | (монилдау/те           | ear)   8)   |  | Amount       | (A) or<br>(D)     | Price  | !         | lssuer's Fiscal<br>Year (Instr. 3 and<br>4) |  | (D) or<br>Indirect (I)<br>(Instr. 4)       |        | (Instr. 4)                  |     |
| Common  | Common Stock     |   |                        |   |  |              | 282(1)            |  | I         |   | 401k Plan  |  |        |                             |     |
|   |                  | Та  | ble II - Derivat       |   |  | cquired      | , Disposed o      | of, or E   | Beneficia | ally (                                      | Owne   | d  |        |                             |     |
|   |                  |   | (e.g., pı              | uts, calls, v   | varrai                                       | nts, opti    | ons, conver       | tible s  |           |   |  |  |        |                             |     |

## **Explanation of Responses:**

1. Includes 69 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 6 additional shares of Chesapeake Utilities Corporation common stock since last filing.

(D)

Date

Exercisable

Beth W. Cooper, by Power of **Attorney** 

or Number

Shares

02/12/2021

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.