FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* Moriarty James F				2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE UTILITIES CORP [CPK]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)					
(Last) 909 SILV	(Fir	st) (BOULEVARD	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/06/2020										belov	N)	Other (specify below) ounsel, Corp Sec	
(Street) DOVER (City)	DE (St		.9904 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	Forn Forn	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative S	Secu	uritie	s Acc	uired	, Dis	posed o	f, o	r Ben	efic	ially	Owne	ed		
Dat			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4					Securi Benefi Owner	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect t Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 02				01/06/	5/2020				L		21 ⁽¹⁾	(1) A \$9		\$93	.735	4,643		D	
Common Stock			01/06/	/2020				J		20(2)	A \$9		\$93	.735	4,663		D		
Common Stock 0				02/05/	/2020				L		21(1)	21 ⁽¹⁾ A S		\$98	3.09 4,684		4,684	D	
Common	Stock			02/25/	2020				A		4,885(3)		A	\$94	4.64	!	9,569	D	
Common Stock														256 ⁽⁴⁾		I	401k Plan		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		Transaction Code (Instr. I		of I		6. Date Exercisal Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			Deri Secu (Inst	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)			
					Code V	,	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares					

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.
- 4. Includes 1 share that were acquired for the reporting person through the reinvestment of dividends under the Company's 401k Plan since last filing.

Beth W. Cooper, by Power of

** Signature of Reporting Person

02/27/2020

<u>Attorney</u>

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.