FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

	OMB APPROVAL										
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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* Michael P. McMasters						2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE UTILITIES CORP [CPK]									Relationship of Reporting Person(s) to Is: (Check all applicable) X Director 10% Or						
(Last) (First) (Middle) 909 SILVER LAKE BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/26/2019											er (give title	0		specify	
(Street) DOVER (City)	DI (St		19904 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	Forn	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son				
1. Title of Security (Instr. 3) 2. Trans. Date				2. Transa	ction	ction 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				5. Amount of		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount		(A) or (D)	Pric		Transaction(s) (Instr. 3 and 4)				(11341. 4)			
Common Stock Common Stock				02/26/2019					A		10,180	1)	A	\$90.69		20,603 ⁽³⁾		D I		401k Plan	
Common Stock																57(4)		I	- 1	By Spouse	
	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)	ve Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) I Execution Date, if any (Month/Day/Year) I Month/Day/Year) Execution Date, if any (Month/Day/Year) I Month/Day/Year) Se Ac (A) Dis of (Interval of the price				of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed) : 3, 4	6. Date Expiration (Month/L	on Dat Day/Ye		Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of			t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. 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.
- 2. Includes 45,256 deferred stock units, of which 204 were acquired for the reporting person since the last filling 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.
- 3. Includes 94 shares that were acquired for the reporting person through the reinvestment of dividends under the Company's 401k Plan since last filing.
- 4. Includes 1 share for the reporting person's spouse that was acquired since last filing through the reinvestment of dividends under Chesapeake Utilities Corporation's Dividend Reinvestment and Direct Stock Purchase Plan.

Beth W. Cooper, by Power of

02/28/2019

<u>Attorney</u>

** 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.