FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF CHANGE | S IN BENEFICIAL | OWNERSHIP |
|-----------|-----------|-----------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| Name and Address of Reporting Person* SCHIMKAITIS JOHN R | | | | | 2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE UTILITIES CORP [CPK | | | | | | | | | | o of Reportir dicable) tor | ng Pe | rson(s) to Is | | |
|--|--|--|----------------|---|---|---|-------------|---------------------------|----------------------------------|------------------------|--------------------|---|---|---|--|--|--|--|--|
| (Last) (First) (Middle) 909 SILVER LAKE BLVD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2020 | | | | | | | \dashv | | Office | er (give title v) Chair of | X the I | below) | specify | |
| (Street) DOVER (City) | DE (St | | 9904 Zip) | | 4. If <i>i</i> | | | | | | | | | Indiv ne) X | Form Form | rual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Table | I - N | on-Deriva | tive \$ | Secui | rities | Ac | quire | d, Dis | sposed of | f, or E | enefici | ally | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 1) | | | | l and 5) Secur Bene | | rities F ficially (ed Following (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | | action(s) 3 and 4) | | | (111511. 4) | |
| Common Stock 12/21 | | | | 12/21/20 |)20 | | | | S | | 2,750 | D | \$102.6 | 02.67 ⁽¹⁾ | | 107,315(2) | | D | |
| | 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 | 3. Transaction Date (Month/Day/Year) | Exec if any | A. Deemed Execution Date, if any Month/Day/Year) 4. Transactior Code (Instr. | | | of Deriv | r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | | 7. Title Amour Secur Under Deriva Secur 3 and | nt of ities lying ative ity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y OF D O (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

- 1. The sale of shares on this Form 4 was effected pursuant to Rule 10-b 5-1 trading plans adopted by the reporting person on November 12, 2020.
- 2. Includes 4,419 deferred stock units that will be settled on a one-for-one basis in common stock.

Beth W. Cooper, by Power of

12/23/2020

** 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.