## FORM 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL								
OWNEDSHID								

OMB APP	ROVAL							
OMB Number:	3235-0362							
Estimated average burden								
l								

Check	this box if no lo	nger subject			,	νασιπι	gion, D.C	C. 205	49						OME	3 APPF	OVAL
Instruction 1(b).			STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							Esti	Estimated average burden						
Form 3	3 Holdings Rep	orted.						•						nou	ırs per r	esponse:	1.0
Form 4	1 Transactions I	Reported.	Filed	I pursuant to S or Section 3													
1. Name and Address of Reporting Person*  Forsythe Ronald G Jr				2. Issuer Name and Ticker or Trading Symbol CHESAPEAKE UTILITIES CORP									ck all app Direc	licable) tor	10% Own		Owner
(Last) (First) (Middle) 909 SILVER LAKE BOULEVARD			Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020							y/Year)	Officer (give title Other (specify below) below)					
(Street) DOVER DE 19904			.9904	Lin						_ine)	X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	Person																
		Table	I - Non-Deriva	tive Secui	ritie	s Acc	uired	l, Dis <sub>l</sub>	posed	of, or	Benefic	ciall	ly Own	ed			
1. Title of Security (Instr. 3)		0. Turneration	2A. Deemed Execution Date, if any		_						Securities Beneficially			Owners Form: D			
	oounty (mount	•)	2. Transaction Date (Month/Day/Year)	Execution Dat	e,	3. Transa Code (I	ction   C		rities Acq Instr. 3, 4		) or Dispos	sea	Securitie Benefici	es ally	Owne	: Direct	7. Nature of Indirect Beneficial
		5)	Date	<b>Execution Dat</b>	e,	Transa	ction C		Instr. 3, 4		Price		Securitie	es ally at end of Fiscal	Owne	Direct	Indirect
Common			Date	Execution Dat	e,	Transa Code (I	ction C	Of (D) (I	Instr. 3, 4	(A) or		sea	Securitie Benefici Owned a Issuer's Year (Ins 4)	es ally at end of Fiscal	Owner Form (D) or Indire (Instr	Direct	Indirect Beneficial Ownership
			Date (Month/Day/Year) ble II - Derivati	Execution Dat if any (Month/Day/Ye	ties	Transa Code (I 8)	ction Constr.	Of (D) (I Amount	t osed o	(A) or (D)	Price Beneficia	ally	Securitie Benefici Owned a Issuer's Year (Ins 4)	es ally tend of Fiscal str. 3 and	Owner Form (D) or Indire (Instr	ct (I)	Indirect Beneficial Ownership
			Date (Month/Day/Year) ble II - Derivati	Execution Datif any (Month/Day/Ye	ties warr 5. No of Deri Seco Acq (A) of Disp of (E)	Acque (188)  Acque (2015)  Acq	rired, I	Dispo	t osed o	(A) or (D)  f, or Etible s  7. T Am Sec Unc	Price Beneficia	ally es)	Securitie Benefici Owned a Issuer's Year (Ins 4)	es ally tend of Fiscal str. 3 and	Owner Form (D) or Indire (Instr.	ct (I)	Indirect Beneficial Ownership (Instr. 4)  11. Nature of Indirect Beneficial Ownership ct (Instr. 4)

## **Explanation of Responses:**

- 1. Includes 27 shares for the reporting person that were acquired since last filing through reinvestment of dividends under Chesapeake Utilities Corporation's Dividend Reinvestment and Direct Stock Purchase Plan.
- 2. Includes 3,659 deferred stock units, of which 38 were acquired for the reporting person since the last filing 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.

Beth W. Cooper, by Power of <u>Attorney</u>

02/12/2021

\*\* Signature of Reporting Person

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.