

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

1. Name and Address of Reporting Person* <u>GLENN TIMOTHY P</u>  (Last) (First) (Middle) C/O CORTEVA, INC. 9330 ZIONSVILLE ROAD  (Street) INDIANAPOLIS IN 46268  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Corteva, Inc. [ CTVA ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>EVP, Seed Business Unit</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>01/25/2024</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	01/25/2024		A		25,682 <sup>(1)</sup>	A	\$0	188,802.7053	D	
Common Stock	01/25/2024		F		8,463 <sup>(2)</sup>	D	\$45.24	180,386.2559 <sup>(3)</sup>	D	
Common Stock								14,737.5994 <sup>(4)</sup>	I	Held in 401(k) plan.

**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

**Explanation of Responses:**

1. Represents the number of shares received upon the settlement of previously awarded performance-based share units (PSUs) following the certification of achievement of specified performance metrics during the three-year performance period and approval of the settlement of the PSU grant by the People and Compensation Committee of the Board of Directors on January 25, 2024. The shares underlying the PSU grant vested at the conclusion of the performance period on December 31, 2023.
2. Represents shares withheld by the Issuer to pay taxes due upon the settlement of the Reporting Person's PSU award.
3. Includes acquisition of 46.5506 shares pursuant to dividend reinvestment.
4. Includes acquisition of 50.7698 shares pursuant to dividend reinvestment.

/s/Abigail Jarrell, by power-of-attorney 01/29/2024

\*\* 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.