FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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* GUTTERSON NEAL						2. Issuer Name and Ticker or Trading Symbol Corteva, Inc. [CTVA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CORTEVA, INC. 974 CENTRE ROAD, CRP 735					3. Date of Earliest Transaction (Month/Day/Year) 11/09/2020								X Officer (give title Other (specify below) SVP, Chief Technology Officer						
(Street)	Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
WILMIN	IGTON D	E	19805		_									Form fil Person	ed by More	e than	One Report	ting	
(City)	(S	state)	(Zip)																
1 Title of 9	Socurity (Ins		ble I - No		rivativ nsaction			ities A	cquired,	, Dis	<u>. </u>	•		ly Owned	t of	6 Ow	nership	7. Nature of	
		Date			Execution Date,		Transaction Code (Instr.					5) Securities Beneficial Following	Securities Beneficially Owned Following		: Direct Indirect str. 4)	Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and	on(s) nd 4)			(Instr. 4)		
Common Stock			11/09/2020		20			M		13,115	A	\$26.7	76 35,703	35,703.6868(1)		D			
Common Stock			11/0	11/09/2020				S		13,115	D \$35		22,588	22,588.6868		D			
Common Stock			11/	1/17/2020				M		6,419	A	\$32.3	29,007	29,007.6868		D			
Common Stock				11/17/2020				S		6,419	D	\$37.0		22,588.6868		D			
Common Stock			11/	1/17/2020				M		19,792 A		\$34.6		42,380.6868		D			
Common Stock 11/17/2							S		19,792	D	\$37.0				D				
			Table II -								osed of, convertib			/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		ı of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and of Securiti Underlying Derivative (Instr. 3 ar	es J Security	Derivative Security	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	ve es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
													Amoun						
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Numbe of Shares	r					
Non- Qualified Stock Options	\$26.76	11/09/2020			M			13,115	(2)	0	2/02/2026 ⁽³⁾	Common Stock	13,11:	\$0.00	0		D		
Non- Qualified Stock Options	\$32.36	11/17/2020			M			6,419	(2)	0	2/03/2022 ⁽³⁾	Common Stock	6,419	\$0.00	0		D		
Non- Qualified Stock Options	\$34.68	11/17/2020			M			19,792	(2)	0	2/01/2027 ⁽³⁾	Common Stock	19,792	2 \$0.00	0		D		

Explanation of Responses:

- 1. Includes acquisition of shares pursuant to dividend reinvestment.
- 2. This option is fully vested and exercisable.
- 3. The Reporting Person previously announced his intent to retire in 2020. His options will expire on his last day of employment

Remarks:

/s/Abigail Jarrell, by power-of-attorney

12/01/2020

** 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.