FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number: 3235-028											
	Estimated average burden											
ı	hours per response.	0.5										

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*  Nayyar Nayaki R					2. Issuer Name <b>and</b> Ticker or Trading Symbol Corteva, Inc. [ CTVA ]									tionship all app Direc	,	ng Per	rson(s) to Is		
(Last)	) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/31/2024									Office below	er (give title		Other (s	specify	
C/O CORTEVA, INC.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
9330 ZIONSVILLE ROAD											Li	Line)  Form filed by One Reporting Person							
(Street)													Form filed by More than One Reporting Person						
INDIANAPOLIS IN 46268			<u> </u>	- 4.0		4 ( )	_						1 0130						
					Rui	e 10	)b5-	1(c)	Ira	nsac	tion Indi	catio	n						
(City)	City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - N	on-Deriva	tive S	Secui	rities	Acc	quire	d, Dis	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N					Execution Date,		,	Transaction Disposed Of Code (Instr.			Acquired (A) o (D) (Instr. 3, 4 a		and 5) Securi Benefi Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	Price	. 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 07/31/202					)24			A		579.3226(1	) A	\$56	5.1	26,972.3555(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)	/e   Conversion   Date   Execution Date, or Exercise   (Month/Day/Year)   if any		ution Date,		saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		-		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)			

## **Explanation of Responses:**

- 1. Represents stock units acquired pursuant to the Issuer's Stock Accumulation and Deferred Compensation Plan for Directors under which non-employee directors may elect to defer the payment of all or a specified portion of their cash compensation to be settled in CTVA common stock on a one-for-one basis on a future date selected by the Reporting Person at the time of his or her deferral election. Cash compensation deferred in the form of stock units is calculated based on the closing price of CTVA common stock on the date the cash compensation would have otherwise been payable.
- 2. Includes acquisition of 81.1312 shares pursuant to dividend reinvestment.

/s/Abigail Jarrell, by power-<u>of-attorney</u>

08/02/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.