FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES 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 Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). 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

Instruc	tion 10.																		
Name and Address of Reporting Person* Lehragen Devid Paul						2. Issuer Name and Ticker or Trading Symbol Corteva, Inc. [CTVA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Johnson David Paul						<u> </u>								Direc			10% O		
														✓ Office below	er (give title		Other (: below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/16/2024								EVP, Chief Financial Officer					
C/O CORTEVA, INC.				100	07/10/2024														
9330 ZIONSVILLE ROAD				_															
							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												-"	Form filed by One Reporting Person						
INDIANAPOLIS IN 46268			_									Form	Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)												1 613011						
		Tak	ole I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transact							2A. Deeme		3. 4. Securities Acquired (A)					5. Amo		6. Ownership		7. Nature	
Date (Month/				/Day/Ye	Execution Date, if any		Code (Instr. 5)			d Of (D) (Instr. 3, 4 and		Benefi	cially	Form: Direct (D) or Indirect		of Indirect Beneficial			
						(Month/Day/Year			ar) 8)				Owned Report	Following ed			Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	Price		action(s) 3 and 4)					
Common Stock 09/16/2						/2024		Α		57,581	57,581 ⁽¹⁾ A		00 5	57,581		D			
			Table II -						,		,			/ Owned					
				(e.g.,	puts,	cal	ls, warr	ants.	, optior	ıs, c	onvertil	ble sec	urities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)				6. Date Exercisa Expiration Date (Month/Day/Year		of Securit ar) Underlyin		ng e Security	8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)		Date Exercisal:		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$56.27	09/16/2024			A		23,606		(2)	(09/16/2034	Common Stock	23,606	\$0.00	23,60)6	D		

Explanation of Responses:

- 1. Represents grant of restricted stock units which vest in three equal annual installments on the first through third anniversary of the grant date.
- 2. The option vests in three equal annual installments on the first through third anniversary of the grant date.

/s/ Abigail Jarrell, by power-ofattorney

09/18/2024

** 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.