FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	CHANGES	IN I	BENEFICIAL	OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-0287									
	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

Name and Address of Reporting Person* Nayyar Nayaki R					2. Issuer Name and Ticker or Trading Symbol Corteva, Inc. [CTVA]									k all app	•		on(s) to Is			
(Last)	(Fir	st) (N	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023									Office below	er (give title /)		Other (s below)	specify	
C/O CORTEVA, INC. 9330 ZIONSVILLE ROAD					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) INDIANAPOLIS IN 46268			D										Form filed by More than One Reporting Person							
(City)	(City) (State) (Zip)				$ _{\Box}$	Rule 10b5-1(c) Transaction Indication 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	enefi	cially	y Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execution (Fear)		emed on Date, /Day/Year)				Acquired (A) or (D) (Instr. 3, 4 a		and 5) Secu Bene Owne		ially Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	int (A) or (D)		е	Reported Transaction(s) (Instr. 3 and 4)				(instr. 4)		
Common Stock 10/31/202)23				A		675.1143 ⁽¹⁾ A \$		\$4	8.14	14 21,756.6336 ⁽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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			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)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y D OI (I)	D. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
		Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amour or Number of Shares	er									

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 shares pursuant to dividend reinvestment.

Remarks:

/s/Abigail Jarrell, by power-

11/02/2023

of-attorney

** 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.