SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | urden |
| hours per response: | 0.5 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Engel Klaus A | | 2. Issuer Name and Ticker or Trading Symbol <u>Corteva, Inc.</u> [CTVA] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|-------------------|---|--|--|--|--|--|--|
| (Last) (First) (Middle) C/O CORTEVA, INC. 9330 ZIONSVILLE ROAD | | 3. Date of Earliest Transaction (Month/Day/Year) 04/21/2024 | X Director 10% Owner Officer (give title Other (specify below) below) | | | | | |
| | | 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 | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) | (Zip) | Rule 10b5-1(c) Transaction Indication | | | | | | |
| | Table I - Non-Der | ivative Securities Acquired, Disposed of, or Bene | ficially Owned | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, | Transaction | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|-------------------------------|-------------|---|---|---------------|---------|---|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 04/21/2024 | | F | | 842(1) | D | \$54.36 | 33,174.0236 ⁽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) | Security or Exercise | version Date kercise (Month/Day/Year) if any of vative (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) | Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents shares withheld by the Issuer to pay taxes due following the vesting of previously granted restricted stock units.

2. Includes acquisition of 243.1943 shares pursuant to dividend reinvestment.

/s/Abigail Jarrell, by powerof-attorney 0

04/23/2024

** 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.