FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|-------------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

| OMB APPROVAL | | | | | | | | | |
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| hours per response | e: 0.5 | | | | | | | | |

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* <u>King Robert D.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Corteva, Inc. [CTVA] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issur (Check all applicable) Director 10% Owner | | | | vner |
|--|---|--|--------------|--|---|---|--------|---|------|--|---|----------------------|--|---|------------------------------------|---|--|------|
| (Last) | (Fir | , | Middl | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2023 | | | | | | | | helov | er (give title w) , Crop Pro | tectio | Other (s below) n Busines | |
| 9330 ZIONSVILLE ROAD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) INDIANAPOLIS IN 46268 | | | | | X Form filed by One Repor Form filed by More than Person | | | | | | | | | J | | | | |
| (City) (State) (Zip) | | | | | 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 | 1 - 1 | Non-Deriva | tive | Secui | rities | Ac | quir | ed, Di | sposed o | f, or l | Benefici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | ear) if | 2A. Deeme Execution ar) if any (Month/Day | | n Date, Ti | | | | Acquired (A) or D) (Instr. 3, 4 and | | Benefici Followir | es ally Owned ig Reported | Form: (D) or Indire | : Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | С | | Code | v , | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | . 4) | (Instr. 4) | |
| Common | Stock | | | 11/14/202 | 23 | | | P | | 640 A \$46.3 | | \$46.769 | 9 59,701.4076(1)(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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exe if ar | Deemed cution Date, ny nth/Day/Year) | Code 8) | ansaction of ode (Instr. Derivative | | Expiration Date (Month/Day/Year) Date Expiration | | | Amo Secu Unde Deriv Secu 3 and | Amount or Number of | 8. Price of Derivative Security (Instr. 5) (Instr. 5) (Instr. 4) | | y C F D O (I | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Includes acquisition of shares pursuant to dividend reinvestment.
- 2. Includes 129.9038 shares purchased under the Issuer's Employee Stock Purchase Plan (ESPP) in exempt transaction under Rule 16b-3(c).

Remarks:

/s/Abigail Jarrell, by powerof-attorney

11/15/2023

** 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.