FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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
$\cup$	obligations may continue. See
	Instruction 1(b).

## 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

Name and Address of Reporting Person*     Hill Gregory P.					2. Issuer Name and Ticker or Trading Symbol HESS CORP [ HES ]										k all app Direc	olicable) etor		erson(s) to I	vner
(Last)	(Fi ORPORAT	,	Middle)	)	3. Date of Earliest Transaction (Month/Day/Year) 07/31/2023									X	belov	er (give title v) OO and Pi		Other (sbelow) lent, E&P	specify
1185 AVENUE OF THE AMERICAS				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW Y	Street) NEW YORK NY 10036												X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	rate) (Z	Zip)		Rule	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.										ended to			
		Table	I - No	on-Deriva	tive S	ecui	rities	Acc	quired,	Dis	posed of	f, or I	3enefi	cially	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Year)   E	xecu any	eemed ution Date, th/Day/Year)		3. 4. Securities Acq Transaction Code (Instr. 8) 5. 5.						5. Amo Securi Benefi Owned Follow	icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	Price	ce Tra		ported nsaction(s) str. 3 and 4)				
Common	Stock, \$1.	00 par value		07/31/20	)23			S		33,414	D	\$15	1.33 82		2,932(1)		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				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Ov Fo Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						

## Explanation of Responses:

1. This amount includes 22,670 shares held in escrow pursuant to the Corporation's Long-Term Incentive Plans. The reporting person has only voting power of these shares until lapsing of the period set by the Committee administering the Plan at which time the shares plus accrued dividends will be delivered to the reporting person if the reporting person is still an employee of the Corporation.

## Remarks:

<u>Barry Schachter for Gregory</u> P. Hill

08/01/2023

\*\* 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.