FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CHANG | SES IN BEI | NEFICIAL C | WNERSHIP |
|------------------|----------|------------|------------|----------|

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner resnons | e 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

| 1. Name and Address of Reporting Person* <u>COLEMAN LEONARD S JR</u> | | | | 2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES] | | | | | | | | ck all app | , | ng Per | rson(s) to Is | | | | |
|--|--|--|---|---|--|---|--------------------------------------|------|---------------------------------------|--|----------------------------|---|---|---|-------------------------------------|--|--------------------|------------|--|
| (Last) | (Fir | st) (N | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2024 | | | | | | | | Office below | er (give title v) | | Other (s below) | pecify | |
| HESS CORPORATION 1185 AVENUE OF THE AMERICAS | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| 1103 AV | ENGE OF | THE AMERICA | 10 | | | | | | | | | X | X Form filed by One Reporting Person | | | | | | |
| (Street) | ORK NY | · 1 | 0036 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (Sta | ate) (2 | <u>Z</u> ip) | | | Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | o a con | a contract, instruction or written plan that is intended to struction 10. | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | Benef | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | | | ies Acquired (A Of (D) (Instr. 3, | | | Benefic Owned | ies cially Following | Form (D) or | Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Pr | | rice | | orted saction(s) tr. 3 and 4) | | | (Instr. 4) | |
| Common Stock, \$1.00 par value 03 | | | 03/06/ | 5/2024 | | | | A | | 1,398 | 1 | A | \$ <mark>0</mark> | 0 18,729 | | | 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) | 3A. Deel Execution if any (Month/I | | Transaction of | | Expiration Date (Month/Day/Year) | | Amor Secu Unde Deriv Secu | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | Price of erivative ecurity nstr. 5) | | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

Barry Schachter for Leonard S. Coleman, Jr.

03/08/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).