FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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|-------------|------|-------|--|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|------------------|
| | | | |

| | OMB APPROVAL | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | 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

| | d Address of Sandra I | f Reporting Person* Phillips | | | | er Nam <mark>nours</mark> | | | or Trad | ling Sy | /mbol | | | | | ıble) | g Perso | 10% Ov | <i>r</i> ner |
|--|--|--|---|--------|---|---|--|---------------|---|--------------|---|--|----------------------------|--|---|---|--|--|--|
| | ` | First) URS COMPANY REET | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2023 | | | | | | Officer (below) | | | Other (s below) | | | | | |
| (Street) WILMIN | IGTON D | DE | 19801 | | 4. If Ar | nendme | ent, Dai | te of C | Original | Filed (| (Month) | 'Day/Year | r) | 6. Inc Line) | | ed by One | Repo | (Check App rting Persor One Report | |
| (City) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transa Date | | | ate, Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | A) or | 5. Amount of Securities Beneficially O Following | | Form | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amou | ınt (A) or Pri | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | 04/26 | 5/2023 | | | A | A | | 5,858 A S | | \$0.00 | 15,695.1281 ⁽¹⁾ | | | D | | | |
| Common Stock | | | | | | | | | | | | | 378.0 | 0064 | | | By Spouse | | |
| 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. Deemed Execution Da if any (Month/Day/ | Co | nsaction le (Instr. | of Deriv Secu Acqu (A) o Disp of (D | of Expi | | ate Exercisable ration Date nth/Day/Year) | | e and | 7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4) | | rlying rity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4) | ve (es fes fes | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Cod | le V | (A) | (D) | Date Exerc | cisable | Expi Date | ration | Title | | unt or ber of es | | | | | |
| Stock Units | (2) | | | | | | | (| (3) | (| (3) | Common Stock | 3,34 | 7.8162 | | 3,347.8 | 162 | D | |

Explanation of Responses:

- 1. Includes stock units and dividend equivalent units.
- 2. Units are credited under the Chemours deferred compensation plan for directors and convert one-for-one to Chemours common stock.
- 3. Payable at various times per the director's election at the time of each deferral under the Chemours deferred compensation plan for directors, as noted in the filing for each deferral.

Remarks:

/s/ Pauletta Brown, Attorney-in-04/28/2023

Fact

** 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.