FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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IN BENEFICIAL OWNERSHIP

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES |
|---|------------------------------------|
| Instruction 1(b). | Filed pursuant to Section 16(a) of |

| 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

| Name and Address of Reporting Person* Hill Gregory P. | | | | | 2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES] | | | | | | | | (Chec | k all app Direc | , | ng Pe | rson(s) to Is 10% O Other (| wner | |
|--|--|------------|---------|--|---|----------------------|-------------------------------|--|---------------------|---|--------------------|--|---|--|---|--|---|------------|--|
| | (Fii | ION | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2020 | | | | | | | X | belov | v) `` | below) resident, E&P | | Specify | | |
| 1185 AVENUE OF THE AMERICAS | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) NEW YO | ORK N | <i>?</i> 1 | 0036 | | | | | | | | | | Line) | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | 1 613 | JII | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed C | | | | 4 and Secu Bene Own | | Amount of curities neficially ned Following ported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | | Amount | (A) (D) | or Pri | се | Transa | nsaction(s) tr. 3 and 4) | | | (11150: 4) | |
| Common Stock, \$1.00 par value 11/09/ | | | | 11/09/2 | 2020 | | | S | | 9,945 | D | \$4 | 12.57 | 98,868(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) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | Transaction of Code (Instr. 8) Sc A(A) Di of | | osed) r. 3, 4 | Expiration Da (Month/Day/Y | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | of Title Share | | | | | | | |

Explanation of Responses:

1. This amount includes 38,419 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 he is still an employee of the Corporation.

Remarks:

Barry Schachter for Gregory

11/12/2020

P. Hill

** 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.