FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject	STATE
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	mber: 3235-0287							
Estimated average burden								
hours per response:	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* Goodell Timothy B.					2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last)	(I ORPORA	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/06/2024							X	belov					
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 YO	ORK N	Y	10036											X	Y Form filed by One Reporting Person Form filed by More than One Reporting Person				
(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.									nded to					
		Table	l - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					/Year) Execution		ution Date,		Transaction Disposed Of Code (Instr. 5)			es Acquired (A) o Of (D) (Instr. 3, 4		4 and Secu Bene Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount	(A) o (D)	r Pric	e:e		saction(s) r. 3 and 4)			(IIIsti. 4)
Common Stock, \$1.00 par value 03/06/2						2024			A 21,151 A			\$ <mark>0</mark>	164,845			D			
Common Stock, \$1.00 par value 03/07/2					2024				s ⁽¹⁾ 2,701		D	\$14	44.52	162	62,144 ⁽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)	crivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of	r osed) r. 3, 4	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e O Fe ally D or g (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Amou or Numb of Title Share		er					

Explanation of Responses:

- 1. Shares sold solely to satisfy tax withholding on vesting of shares of restricted stock.
- 2. This amount includes 25,507 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 Plans 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.

Barry Schachter for Timothy B. Goodell

03/08/2024

** 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.