

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0104
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1. Name and Address of Reporting Person* <u>Porter Stuart D</u> (Last) (First) (Middle) C/O CHAMPIONX CORP 2445 TECHNOLOGY FOREST BLVD, BLDG 4, 12TH FLOOR (Street) THE WOODLANDS TX 77381 (City) (State) (Zip)			2. Date of Event Requiring Statement (Month/Day/Year) 06/03/2020		3. Issuer Name and Ticker or Trading Symbol <u>ChampionX Corp [CHX]</u>	
			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

Explanation of Responses:

Remarks:

Exhibit List: [Exhibit 24 - Power of Attorney](#)
 No securities are beneficially owned.

/s/ Julia Wright, as attorney-in-fact

06/05/2020

** 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 5 (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.

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that the undersigned hereby constitutes and appoints Julia Wright, acting singly, as the undersigned's true :

(1) prepare, execute and submit, for and on behalf of the undersigned, a Form ID and amendments thereto and any other documents ne

(2) prepare and execute, for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Aper

(3) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to prepare and execute

(4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, r

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform each and every act and thing requ

This Power of Attorney shall be effective as of the date set forth below and shall remain in full force and effect until the undersigned

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this
26th day of May, 2020.

By: /s/ Stuart D. Porter Name: Stuart D. Porter