FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Somasundaram Sivasankaran | | | | | 2. Issuer Name and Ticker or Trading Symbol ChampionX Corp [CHX] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (spec | | | | | ner |
|--|--|--|----------------|---|--|---|--------------|---------------------------|--------------|---|--------------------|---|---|--|---|---|--|--|--|
| (Last) (First) (Middle) C/O CHAMPIONX CORP, 2445 TECHNOLOGY FOREST BLVD., BLDG 4, 12TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2023 | | | | | | | | X Officer (give title Other (specify below) President & CEO | | | | | |
| (Street) THE WOODL | | | 7381 (ip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - N | on-Deriva | tive | Secur | rities | Ac | quire | d, Di | sposed of | f, or B | enefici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yd | | | | Year) | n 2A. Deemed Execution Dat | | Code (Instr. | | | 4. Securities Acquired (A) o | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | tion(s) | | (111) | | 4, |
| Common Stock 02/16/202 | | | | 23 | | | | A | | 78,222 | A | \$0 | 451, | 950 | I |) | | | |
| Common Stock 02/17/202 | | | | 23 | | | | F | | 11,166 | D | \$31.09 | .09 440,784 | | I | D | | | |
| Common Stock | | | | | | | | | | | | 99,011 | | I | | By Limited Partnership | | | |
| | 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) | Exec if any | Deemed ution Date, / hth/Day/Year) | 4. Transa Code 8) | | of Deriv | r osed) r. 3, 4 | Expi | Date Exercisable and xpiration Date Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4) | ve es ially ng ed etion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | Code V (A) (D | | (D) | Date Exer | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Julia Wright, as attorney-

02/21/2023

** Signature of Reporting Person

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.