FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	e: 0.5								

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

1. Name and Address of Reporting Person* Fisher Kenneth M.				2. Issuer Name <b>and</b> Ticker or Trading Symbol ChampionX Corp [ CHX ]								(Che	ck all app	ionship of Reportir all applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	wner		
(Last)	(Fir	cst) (M	Middle)	LOGY	3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024								X		below)		below)	вреспу	
FOREST BLVD., BUILDING 4, FLOOR 12					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) THE WOODL	•											X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)		$ _{\square}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or w satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									uction or writt	en plar	n that is inter	nded to	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		Date,	Transaction Disposed Code (Instr. 5)			es Acquired (A) Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ties cially Following	Form (D) o	n: Direct or Indirect onstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) Pri		Price	Transaction(s) (Instr. 3 and 4)				(IIIStr. 4)
Common Stock 02/14/2						2024			A		57,438(1)	A	A \$0		196,748			D	
Common Stock 02/14/2					2024				F		21,558	Ι		\$28.8	17	75,190		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, (Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		te	Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)		Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. Represents settlement of a performance share award based on the company's relative total shareholder return and free cash flow as a percentage of revenue for the three-year performance period ending December 31, 2023. The performance results and number of shares earned based on the results were approved by the Compensation Committee of the Board of Directors on February 14, 2024.

## Remarks:

/s/ Julia Wright, as attorney-02/15/2024

\*\* 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.