FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ngton, D.C. 20549 | OMB |
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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| 1. Name and Address of Reporting Person* Raza Syed | | | | | 2. Issuer Name and Ticker or Trading Symbol ChampionX Corp [CHX] | | | | | | | | | ck all app Direct | licable) | ng Person(s) to I 10% O Other (| | | |
|--|--|--|--------------|---|---|---|-----|--|-----------------|---|--------------------|-----------|--|--|----------------------|--|--|-------------|--|
| | AMPIONX | rst) (N CORP, 2445 TE BLDG 4, 12TH F | | DLOGY | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2022 | | | | | | | | below | | | below) | r | |
| (Street) THE WOODL | | | 7381 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execut | | Deemed cution Date, y nth/Day/Year) | | | | ies Acquired (A Of (D) (Instr. 3, | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (111341. 4) | |
| Common Stock 06/03/2 | | | | | 2022 | | | F | | 552 D | | \$ | 24.13 | 3 51,079 | | | 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Se (Ir | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | y | 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 | Amor or Numl of Share | ber | | | | | |

Explanation of Responses:

Remarks:

/s/ Julia Wright, as attorney-

in-fact

** Signature of Reporting Person Date

06/07/2022

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.