FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | muc. Sec | | Filed | pursua or Se | nt to S ection 3 | ection 0(h) o | 16(a) f the Ir | of the S ovestme | ecurit nt Co | es Exchangen pany Act of | e Act o | f 1934 | | nours | s per re | esponse: | 0.5 |
|--|---|--|--------------|---|---|--|--|--|--|--------------------|---|-----------|--|--|--|--------------------------------------|----------|-----|
| Name and Address of Reporting Person* <u>Wright Julia</u> | | | | 2. Issuer Name and Ticker or Trading Symbol ChampionX Corp [CHX] | | | | | | | | | 5. Relationship of Reportin (Check all applicable) Director Officer (give title | | | erson(s) to Is 10% Ov Other (s | wner | |
| (Last) (First) (Middle) C/O CHAMPIONX CORP, 2445 TECHNOLOGY FOREST BLVD., BLDG 4, 12TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2022 | | | | | | | | | X Officer (give title Officer (specify below) Senior VP, GC & Secretary | | | | |
| (Street) THE WOODI | | | 7381 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) X Forr Forr | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially Owi | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | and Secur Benef | icially d Following | Fori | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) c (D) | Price | Trans | nsaction(s) str. 3 and 4) | | | (| | |
| Common Stock 05/17/2 | | | | 2022 | | F | | 923 | D | \$22 | .18 | 18 86,609 | | D | | | | |
| | | Tal | | | | | | | | | osed of, o | | | | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any (Month/Day/Year) if any | | Code (8) | saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of | | 8. Price of Derivative Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

Remarks:

/s/ Julia Wright

05/19/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).