FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

lashington, D.C. 20549
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STATEMENT OF CHANGES IN BE	ENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person*  Leopold Robin					2. Issuer Name and Ticker or Trading Symbol JPMORGAN CHASE & CO [ JPM ]									Check	k all app Direc	,	ng Per	10% O	
(Last) (First) (Middle) 383 MADISON AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024								X	below)  Head of Huma		nan R	below)	·	
(Street) NEW YORK NY 10179-0001				0001	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					on
(City)	ty) (State) (Zip)			Rul	Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														nded to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef		cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) or (D)	Price	)	Transa	ction(s) s and 4)			(31. 7)				
Common Stock 02					02/08/2024				G		353	A	\$0.0	0000	38,872 <sup>(1)</sup>			D	
Common Stock 0				02/08/2024				G		353	D	\$0.0	0000	9,	,521(2)		I	By Spouse's GRAT	
Common Stock															9,	521(3)			By GRAT
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)	tive Conversion Date Execution Date, Tran ty or Exercise (Month/Day/Year) if any Cod			Transa Code (	ansaction of ode (Instr. Derivative		6. Date Expirat (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Balance reflects (a) 353 shares transferred from Spouse's Grantor Retained Annuity Trust and (b) 353 shares from Grantor Retained Annuity Trust to the Grantor on February 8, 2024. These transfers are exempt from Section 16 pursuant to Rule 16a-13
- 2. Balance reflects 353 shares transferred from Spouse's Grantor Retained Annuity Trust to the Grantor on February 8, 2024. This transfer is exempt from Section 16 pursuant to Rule 16a-13.
- 3. Balance reflects 353 shares transferred from Grantor Retained Annuity Trust to the Grantor on February 8, 2024. This transfer is exempt from Section 16 pursuant to Rule 16a-13.

/s/ Holly Youngwood under **POA** 

02/09/2024

\*\* 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.