FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

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

| Instructio | in 10. | | | | | | | | | | | | | | | | | | | |
|--|---|------------|--|--|-------|--|--------|---|-----------------|-------|--------------------|------------------|---|--|---------------------------------------|--|---------------------------------------|---|------------|--|
| 1. Name and Address of Reporting Person* MCNAMARA KEVIN J | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHEMED CORP [CHE] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| WCNAMARA REVINJ | | | | | | | | | | | | | | / | ✓ Director | | | 10% Ow | /ner | |
| (Last) (First) (Middle) | | | | | 3. Da | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Officer (give title below) | | | Other (s below) | pecify | |
| 2600 CHEMED CENTER | | | | | 10/2 | 10/22/2024 | | | | | | | | president and CEO | | | | | | |
| 255 EAST 5TH STREET | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. 17 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| CINCINNATI OH 45202 | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (Sta | te) (Z | ip) | | | | | | | | | | | Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | 3. 4. Securitie Transaction Disposed O Code (Instr. 8) 5) | | | | | 4 and Securi Benefi | | ies For ially (D) Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Troposo | | on(s) | | | (Instr. 4) | |
| 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 ty or Exercise (Month/Day/Year) Execution Date, if any | | Transaction Code (Instr. 8) Securi Acquir (A) or Dispos of (D) (| | | or | | | ate Amount of | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to buy with tandem tax withholding) | \$597.7 | 10/22/2024 | | | A | | 40,332 | | (1) | | 10/22/2029 | Capital Stock | 40,332 | \$59 | 97.7 | 217,48 | i7 | D | | |
| | | | | | | | | | | | | | | | | | | | | |

Explanation of Responses:

 $1.\ Vesting\ in\ three\ equal\ annual\ installments\ commencing\ 10/22/2025$

<u>Kevin J. McNamara</u>

** Signature of Reporting Person

10/23/2024

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.

 $^{^{\}star}$ 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).