FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

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 Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
|--|---|--|----------------|---|---|---|---|------|--|--|--------------------|--|--|--|---------------------------------------|--|-------------------|--|---|
| LEE SI | | CHEMED CORP [CHE] | | | | | | | | Director | | | 10% Owner | | vner | | | | |
| | | | | | 2 Do | 2. Date of Fadinat Transaction (Marth/Du/March | | | | | | | | 1 | Office | er (give title | | Other (specify below) | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/27/2024 | | | | | | | | | e | sident | | | |
| 2500 CHEMED CENTER | | | | | | | | | | | | | | | | | | | |
| 255 EAS | | | | | | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | Form filed by One Reporting Person | | | | on |
| CINCINNATI OH 45202 | | | | | | | | | | | | | | 1 | Form Perso | filed by Moi | re than | One Repo | orting |
| (City) | (5 | State) (2 | Zip) | | | | | | | | | | | | 1 6130 | ,,,, | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction | | | | | | | | | 3. 4. Securities Acquired (A) | | | | ed (A) or | 5. Amount of | | | | 7. Nature | |
| Date (Month | | | | | Year) | Execution Date, if any (Month/Day/Year) | | . | Transaction Disposed Of (D) (Instr. 3 Code (Instr.) | | | | tr. 3, 4 ar | Benef | | icially (D) | | or Indirect | of Indirect Beneficial |
| | | | | | | | | 8) | | | | | | Owned Following Reported | | | | Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa (Instr. | action(s) 3 and 4) | | | |
| Capital Stock 11/27/202 | | | | | | 24 | | | S | | 732 | D | D \$575.623 | | 18,287 | | I |) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | | | (e.g., pu | ıts, ca | alls, v | varra | ınts | , opti | ons, | convertib | le se | curitie | s) | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Exec if any | eemed ution Date, / th/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration [| | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Di or (I) | o. wnership orm: rect (D) · Indirect (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Spencer S. Lee

11/29/2024

** 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.

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