FORM 4

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

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

| 1. Name and Address of Reporting Person* <u>Franklin Chris</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Essential Utilities, Inc. [WTRG] | | | | | | | | | | eck all app Direc | nship of Reporting Il applicable) Director | | 10% O | wner |
|--|--|----------|--------|--|---|--|-----------|--------|---|-------------------|------------|---|--|--|---|--|-------------------------------------|-------|---------|
| (Last) (First) (Middle) 762 W LANCASTER AVE. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024 | | | | | | | | | | ^ belov | , | Other (s below) utive Officer | | specify |
| (Street) BRYN N | (Street) BRYN MAWR PA 19010 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (| State) (| (Zip) | | 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. | | | | | | | | | | | | | | |
| | | Table | l - No | n-Deriva | tive | Secu | riti | es Acq | uired | , Dis | posed of | , or E | Bene | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | Securi Benefi Owned | Amount of ecurities eneficially wned Following | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common | 2024 | | | | A | | 24,428(1) | A | | \$ <mark>0</mark> | 26 | 5,152 | | D | | | | | |
| Common Stock 02/26/2 | | | | | | 2024 | | | F | | 18,375(2) | D |) | \$35.4 | 18 24 | 246,777 | | D | |
| Common Stock 401k | | | | | | | | | | | | | | | 38 | ,195.2 | | I | 401k |
| | | Та | ble II | | | | | | | | osed of, c | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, if any | | | Transaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 0. Ownership orm: Form: or Indirect or Indirect or (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Represents acquisition of shares upon the earning and vesting of performance-based share units awarded on 02/24/2021. Vesting determination was made by the Compensation Committee on 02/07/2024. Represents vesting at 77.94%.

(D)

Date Exercisable

Expiration Date

2. Disposition to issuer for tax obligations upon the vesting of restricted stock units and performance-based share units.

/s/ Brian Dingerdissen,

attorney-in-fact for Mr.

Number

of Shares

02/28/2024

Franklin

Title

** 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).

Code

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.