FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|   | OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |  |

0.5

hours per response:

|        | Check this box if no longer subjec |
|--------|------------------------------------|
|        | to Section 16. Form 4 or Form 5    |
| $\cup$ | obligations may continue. See      |
|        | Instruction 1(b).                  |

## 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

|  |  |                  |   |   | _  |  | .,                           |       |  |                       | припу лег   |   |   |  |  |  |  |        |   |
|--|--|------------------|---|---|--|--|------------------------------|-------|--|-----------------------|---|---|---|--|--|--|--|--------|---|
| Name and Address of Reporting Person*     Ciesinski David Alan   |  |                  |   |   |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Essential Utilities, Inc. [ WTRG ]  |                              |       |  |                       |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |  |  |  |        |   |
| CICOINO  | nn Duvi  | <u>a r riari</u> |   |   | <u> </u>   |  |                              |       |  |                       |   |   |   | X  | Direc  | ctor   |  | 10% Ov | vner  |
| (Last) (First) (Middle)  |  |                  |   | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2023 |  |  |                              |       |  |                       |   |   | Office  | er (give title<br>w)   |  | Other (s   | specify  |        |   |
| 762 W. LANCASTER AVE.  |  |                  |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |                              |       |  |                       |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |  |  |  |  |        |   |
| (0, 0)   |  |                  |   |   |  |  |                              |       |  |                       |   |   |   | X  | X Form filed by One Reporting Person           |  |  |        |   |
| (Street) BRYN M  | reet)<br>RYN MAWR PA 19010   |                  |   |   |  |  |                              |       |  |                       |   |   |   |  | 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            | I - No                                  | on-Deriva   | tive S   | ecui   | rities                       | Acc   | uired,                                     | Dis                   | posed of  | f, or l   | Bene  | ficiall  | y Owr  | ned  |  |        |   |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/   |  |                  |   |   | Execution Dat  |  |                              | ate,  | 3.<br>Transac<br>Code (Ir<br>8)            |                       | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)   |   |   | 4 and Secur<br>Bene<br>Owne<br>Follow  |  | icially<br>d<br>ving   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |        | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |                  |   |   |  |  |                              |       | Code                                       | v                     | Amount  | (A) (D)   | or Pri  | ce   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |  |        |   |
| Common Stock 06/20/20  |  |                  |   |   |  | 023  |                              |       | A  |                       | 2,173   | A   | . \$4   | 1.425  | 5 6,267  |  |  | D      |   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                  |   |   |  |  |                              |       |  |                       |   |   |   |  |  |  |  |        |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |                  | 4.<br>Transaction<br>Code (Instr.<br>8) |   | Secu<br>Acqu<br>(A) o<br>Disp<br>of (D                   | vative<br>irities<br>uired<br>or<br>osed<br>)<br>r. 3, 4   | 6. Date<br>Expirat<br>(Month | ion D | ate Ame<br>(ear) Sec<br>Und<br>Deri<br>Sec |                       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and 4) |   | Price of<br>ivative<br>curity<br>str. 5)                                | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                                |        |   |
|  |  |                  |   | Code  |  | v  | (A)                          | (D)   | Date<br>Exercis                            | Expiration Date Title |   | Amou<br>or<br>Numb<br>of<br>Share                           | er  |  |  |  |  |        |   |

Explanation of Responses:

Renee Marquis

06/22/2023

\*\* 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.