FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

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

| Name and Address of Reporting Person* Benko Brittany | | | | 2. Issuer Name and Ticker or Trading Symbol Huntsman CORP [HUN] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|--|--|---|---|--|-----------------------------------|-------------------------|---|--------|----------------------------|------|---|--|---|--|---|--|--|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2023 | | | | | | | | | Officer (g below) | give title Sr. VP, EHS | | Other (s below) | specify | |
| (Street) THE WOODLAND | _ | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi _l | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trai | | | nsaction | · [| 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | |) or | 5. Amoun | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 an | | | | , , |
| Common Stock 02/1 | | | | /16/2023 | | | | A ⁽¹⁾ | | 6,833 | | A | \$ <mark>0</mark> | 28,503 | | | D | | |
| Common Stock 02/1 | | | | /17/2023 | | | | F | | 912(2) | | D | \$30.66 | 27,591 | | D | | | |
| Common Stock | | | 02/ | 2/17/2023 | | | | F | | 320(2) | | D | \$30.66 | 27,271 | | | D | | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/N | ate, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exerci Expiration Da (Month/Day/You | | te Sec ear) Der (Ins | | 7. Title and Amour Securities Underly Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. These shares of restricted stock granted under the Huntsman 2016 Stock Incentive Plan vest in three equal installments beginning February 16, 2024.
- 2. Shares automatically withheld upon vesting of restricted stock to satisfy tax withholding obligations.

Remarks:

Rachel Muir, by Power of Attorney

Attorney

Attorney

Attorney

** 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.