FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	VAL
OMB Number:	3235-0287
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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 OF SECURITIES

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 and Address of Reporting Person * ARCHIBALD NOLAN D			2. Issuer Name and Ticker or Trading Symbol Huntsman CORP [HUN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
(Last) (First) (Middle) 10003 WOODLOCH FOREST DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 02/17/2021					-	Officer (g	ive title below)	Oti	ner (specify belo	w)	
(Street) THE WOODLANDS, TX 77380				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City		(State)	(7:-)				Non-Deriva	tive Securit	rities Acquired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	ecution Date,		Trans ode ostr. 8	\ / A		of (D) Ov 5) Tr	. Amount of Securities Beneficial Dwned Following Reported Transaction(s)		ted	Ownership of Form:	. Nature f Indirect Beneficial	
				(Month/D	ay/Yea		Code	V An	(A) c	r	(Instr. 3 and 4)			` /	Ownership Instr. 4)
Reminder:	Report on a s	separate fine for cac	ii class of securitie	0 00110110101	-5		-								
Reminder:	Report on a s	reparate fine for each	Table II -	Derivative	Secur	rities A		Persons containe form dis	who respond in this for plays a cu	orm are no rrently val	ot required id OMB c	d to respo	nd unless t		474 (9-02)
1. Title of	2.	3. Transaction Date (Month/Day/Year)	Table II - 3A. Deemed Execution Date,	Derivative (e.g., puts, 4. Transact Code	Secur calls, 5. ition of D Scar A (A D	rities A warra	ants, on the street str	Persons containe form dis	who respond in this for plays a cure sed of, or Bovertible securisable ion Date	orm are no rrently val	ot required id OMB c Owned d Amount ring	d to respondent on trol number of the second	nd unless t	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natu of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, i	Derivative (e.g., puts, 4. Transact Code	Secur calls, v. 5. 5. S. A. (A. D. O. O. (I. a.	rities A Num f f erivate ecuritic equire (A) or bispose f (D) (nstr. 3 nd 5)	ants, or the state of the state	Persons contained form dissired, Disposoptions, con 6. Date Exe and Expirat	who respect in this feplays a cure sed of, or Bovertible secretisable ion Date //Year)	neficially Ourities) 7. Title and of Underly Securities	ot required id OMB c Owned d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ARCHIBALD NOLAN D						
10003 WOODLOCH FOREST DRIVE	X					
THE WOODLANDS, TX 77380						

Signatures

/s/ Fan (Frank) Wu, by Power of Attorney	02/22/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) Each stock unit represents the right to receive one share of Huntsman common stock upon termination of service.

(2) These stock units granted under the Huntsman 2016 Stock Incentive Plan vest immediately on the date granted. Shares will be delivered to the reporting person upon termination of service with Huntsman.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.