

## **CENTENE CORP**

# Reported by **EPPINGER FREDERICK H**

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 07/02/24 for the Period Ending 06/30/24

Address 7700 FORSYTH BLVD.

ST LOUIS, MO, 63105

Telephone 3147254477

CIK 0001071739

Symbol CNC

SIC Code 6324 - Hospital and Medical Service Plans

Industry Managed Healthcare

Sector Healthcare

Fiscal Year 12/31



☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

#### 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 *					2. I	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
EPPINGER	FREDEI	RICK H	[		CF	ENT	TENE	CORP	[Cl	NC]					,				
(Last)	(First	(First) (Middle)			3. Г	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director10% Owner  Officer (give title below) Other (specify below)						
7700 FORSY	TH BOU	J <b>LEVA</b> I	RD					6/30	)/20	)24				(8		,	(- <b>-</b> ) -	,	
	(Stre	et)			4. I	f An	nendme	nt, Date O	rigin	al Fil	ed (MM/D	D/YY	YY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)	
ST. LOUIS,	MO 6310	)5												X Form filed by					
(C	City) (Sta	te) (Zi	p)											Form filed by	More than C	One Reporting P	erson		
1. Title of Security (Instr. 3)  2. Trans.					3. Trans. Code (Instr. 8)		· ·	uired (A	A) :		Amount of Securities Beneficially Owned ollowing Reported Transaction(s)  Str. 3 and 4)  6. 7. N  Ownership of Ir  Form: Beneficially Owned ollowing Reported Transaction(s)  Ownership of Ir  Ownership of Ir  Ownership of Ir  Form: Ownership of Ir  Ownership of Ir  Form: Ownership of Ir  Ownership of Ir  Form: Ownership of Ir  Form: Ownership of Ir  Ownership of			Beneficial Ownership					
								Code	V	Amou	(A) o		ice				(I) (Instr. 4)	(Instr. 4)	
Common Stock				6/30/	2024			A		3'	77 A	:	\$0		;	351,449.658 <sup>(1)</sup>	D		
	Tab	le II - Dei	rivative	Secu	rities l	Bene	eficially	Owned (	e.g.,	puts,	calls, wa	arran	ıts,	options, conver	tible secu	ırities)			
1. Title of Derivate Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Tran Date Onterior Date		3. Trans. Date	S. 3A. Deemed Execution Date, if any		. Trans. (Instr. 8)	Acquired Disposed		ve Securities d (A) or	and	6. Date Exercisable and Expiration Date			rities vativ r. 3 a	nd Amount of s Underlying ve Security and 4)	nderlying Security Security (Instr. 5)		Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title		mount or Number of ares		Transaction(s) (Instr. 4)	(I) (Instr. 4)		

#### **Explanation of Responses:**

(1) Ownership includes 4,861 shares of restricted stock units subject to vesting requirements.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
EPPINGER FREDERICK H								
7700 FORSYTH BOULEVARD	X							
ST. LOUIS, MO 63105								

#### **Signatures**

/s/ Christopher A. Koster (executed by attorney-in-fact) 7/2/2024 Date

\*\*Signature of Reporting Person

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).

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 control

