### FORM 4

☐ 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. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer					
						1 7 4 1	L CD 1						(Check all app	licable)			
O'Brien Frances D.						Chubb Ltd [ CB ]								Director 10% Owner			
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (give title below) Other (specify below)					
							0.40	2 /2 /	00.4				Chief Risk Of		v)ou	ici (specify t	ociow)
THE CHUBB BUILDING, 17						2/23/2024											
WOODBOU	RNE AV	ENUE															
	(Stree	et)		4.	If An	nendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	YY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
HAMII TON	- ро нм	NQ.											V Farm Cladle	. O D	ti D		
HAMILTON, D0 HM 08  (City) (State) (Zip)					-							X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	ity) (Stat	te) (Zip	0)														
			Tabla I -	Non-Do	rivat	iva Sacı	urities Ac	anir	ad Die	nosad a	f or l	Rona	eficially Owne	d			
1 T'41				Frans. Date			3. Trans. Co	•	, ' '		,				.11 () 1	6.	7. Nature
1. Title of Security (Instr. 3) 2. Trans. D			Trans. Date	Exec	ution	(Instr. 8)	ae	or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership	of Indirect		
					Date, if any				(Instr. 3, 4 and 5)			(Iı	(Instr. 3 and 4) Form: Direct (D)				Beneficial Ownership
																or Indirect	(Instr. 4)
							Code	V	Amount	(A) or (D)	Price	e				(I) (Instr. 4)	
Common Shares			2	2/23/2024			F		131 (1)	D	\$256.0	)1			43,008 (2)	D	
Common Shares			2	2/24/2024			F		118 (1)	D	\$256.0	)1			42,890	D	
Common Shares 2/25/2				2/25/2024			F		121 (1)	D	\$256.0	)1			42,769	D	
			•		1												
	Tabl	le II - Der	ivative S	ecurities	Bene	eficially	Owned (	e.g.,	puts, c	alls, wa	rrant	ts, op	ptions, conver	tible secu	ırities)		
				ans. Code 5. Number of									9. Number of		11. Nature		
Security Conversion Date Execution On Exercise Date, if any			(Instr. 8	)	Derivati Acquire	ve Securities	and						Derivative Security	derivative Securities	Ownership Form of	of Indirect Beneficial	
(mour 5)	Price of			<b>'</b>	Disposed of (D)			(Instr. 3 an						Beneficially	Derivative	Ownership	
	Derivative Security			(Instr. 3,		4 and 5)									Security: Direct (D)	(Instr. 4)	
								Dat	e .	Expiration		Δmo	unt or Number of		Following Reported	or Indirect	
				Code	v	(A)	(D)		rcisable			Share			Transaction(s) (Instr. 4)	(1) (Instr. 4)	
								_									

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

- (1) Common Shares withheld to pay tax liability.
- (2) Total includes 113 shares purchased on 6/30/2023 pursuant to the Chubb Ltd. Employee Stock Purchase Plan which meets the requirements of rule 16b-3.

**Reporting Owners** 

reporting owners									
Panorting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
O'Brien Frances D.									
THE CHUBB BUILDING			Chief Risk Officer						
17 WOODBOURNE AVENUE			Ciliei Kisk Officer						
HAMILTON, D0 HM 08									

### **Signatures**

/s/ Samantha Froud, Attorney-in-Fact

2/27/2024

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 control number.