

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|---------------|-------------------------------------|---------------|---|-------------|------------------------------|--|--|---|---|----------------------------------|--|--|--|-------------------------|
| Tolliver Paula | | | | | C. H. ROBINSON WORLDWIDE, INC. [CHRW] | | | | | | 10% Owner | | | | | |
| (Last) | (First) | (Mide | dle) | 3. | Date | of Earlies | st Transa | ction | (MM/ | DD/YYYY |) | Officer (giv | e title below |) Oth | er (specify b | elow) |
| 14701 CHARLSON ROAD | | | | | | 3/31/2023 | | | | | | | | | | |
| | (Stree | et) | | 4. | If An | nendment | , Date O | rigina | l File | ed (MM/DI | D/YYYY) | 6. Individual o | or Joint/Gi | roup Filing (| Check Appl | icable Line) |
| EDEN PRAIRIE, MN 55347 | | | | | | | | | | | X _ Form filed by One Reporting Person 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. | | | | | | | | | | | |
| | | 7 | Table I | - Non-Dei | rivati | ive Secur | ities Acc | quired | l, Di | sposed o | f, or Bene | eficially Owne | d | | | |
| 1. Title of Security (Instr. 3) | | | | . Trans. Date | | | 3. Trans. Code (Instr. 8) | | 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5) | |) Fo | nstr. 3 and 4) For Dir | | | Ownership Form: Direct (D) | Beneficial Ownership |
| | | | | | | | Code | V | Amou | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| | Tabl | le II - Deriv | vative S | Securities | Bene | eficially C | Owned (| <i>e.g.</i> , p | uts, | calls, wa | rrants, o _l | ptions, conver | tible secu | rities) | | |
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date | 3A. Deer Execution Date, if a | | | | | 6. Date Exercisable and Expiration Date | | 7. Title and A Securities U Derivative S (Instr. 3 and | nderlying Derivative Security Security | | 9. Number of derivative Securities Beneficially Owned Following | Ownership Form of | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Security | | | Code | v | (A) | (D) | Date Exercis | | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect | |
| Phantom Stock (Restricted Stock Units) | <u>(1)</u> | 3/31/2023 | | A | | 440 (2) | | <u>(3</u> |). | (3) | Common Stock | 440 | (2) | 10651 | D | |

Explanation of Responses:

- (1) Each phantom share/restricted stock unit will be paid in one share of common stock.
- (2) The reporting person was granted 440 restricted stock units at no cost as a quarterly installment of the annual equity-based award provided to each non-employee director.
- (3) The restricted stock units are immediately vested, and following the reporting person's termination of service as a director, become payable in shares of common stock according to the schedule previously chosen by the reporting person.

Reporting Owners

| Danastina Oversas Nama / Address | Relationships | | | | | | |
|----------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Tolliver Paula | | | | | | | |
| 14701 CHARLSON ROAD | X | | | | | | |
| EDEN PRAIRIE, MN 55347 | | | | | | | |

Signatures

/s/ Jessica Homes, Attorney-in-Fact for Paul Tolliver

**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 control number.